

J. L. FAIRBANKS & CO.
Stationers
43 FRANKLIN STREET
—BOSTON—

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County *Suffolk*

State *Mass*

Registered No. *1*

City or Town *Southwich*

No. *16 Ocean View*

St. *Ward*

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

2 FULL NAME *Edmund Sherrin*

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *16 Ocean View*

St. *Ward*

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male*

4 COLOR OR RACE *White*

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Margaret*

6 DATE OF BIRTH *Cannot be learned*

(Month)

(Day)

(Year)

7 AGE

Years *56*

Months

Days

If LESS than 1 day,..... hrs. or..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED *Watchman*

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country) *Ireland*

10 NAME OF FATHER *John*

11 BIRTHPLACE OF FATHER (City)

(State or country) *Ireland*

12 MAIDEN NAME OF MOTHER *Cannot be learned*

13 BIRTHPLACE OF MOTHER (City)

(State or country) *Ireland*

14 Informant *Margaret Sherrin*

(Address) *16 Ocean View St*

15 Filed *Feb. 3, 1922*

(Month) (Day) (Year)

REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan. 4, 1922*

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from *Sept 1, 1921, to Jan. 4, 1922*

that I last saw him alive on *Jan 3, 1922*

and that death occurred, on the date stated above, at *10 A. m.*

The CAUSE OF DEATH was as follows:

Carcinoma of stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *myocarditis*

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Charles F. Mahony*, M.D.

(Address) *356 W. 4th St*

Date *Jan 4, 1922*

(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Holy Cross Malden*

(Cemetery)

(City or town)

DATE OF BURIAL *Jan 6, 1922*

20 UNDERTAKER *John F. O'Malley*

ADDRESS *Southwich*

Official position *Health Officer*

Date of issue of permit *1/4/22*

Permit No. *376*

N. B. - WHITE PLAIN, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colon mill*, (c) *Salesman*, (b) *Grocery*; (a) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthenia," "Anemia" (merely symptomatoic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascribed as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Lakerville
(City or town)

1 PLACE OF DEATH
 County Plymouth State Mass
 City or Town Lakerville No. State Sanatorium St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Patrick Joseph Byrne
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. State Mass City or Town Northrop No. 12 St. Gerald
 (Usual place of abode)
 Length of residence in city or town where death occurred years 5 months 10 days How long in U. S., if of foreign birth? 33 years months days

Registered No. 2
(Place of death)

Registered No. 8
(Place of residence)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (write the word)
 5a If married, widowed, or divorced HUSBAND of Margaret Kubiczka (or) WIFE of
 6 DATE OF BIRTH (month, day, and year) April 16, 1886
 7 AGE 35 Years 8 Months 19 Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here
 8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Bar tender
 (b) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland
 PARENTS
 10 NAME OF FATHER John Byrne
 11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
 12 MAIDEN NAME OF MOTHER Mary Larkin
 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant State Sanatorium (Address)
 15 Filed Jan. 4, 1922 Ernest C. Curry Registrar of city or town where death occurred
 Filed Jan. 10, 1922 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4, 1922
 17 I HEREBY CERTIFY, That I attended deceased from July 25, 1921, to Jan. 7, 1922, that I last saw him alive on Jan. 4, 1922, and that death occurred, on the date stated above, at 6-30 a. m. The CAUSE OF DEATH* was as follows:

Phthisis pulmonalis

(duration) 10 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Asthma
 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
 Did an operation precede death? No Date of
 Was there an autopsy? No
 What test confirmed diagnosis? Positive sputum
 (Signed) Wesley P. Gale, M.D.
14, 1922 (Address) Widdowson

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holly Cross cem, Malden DATE OF BURIAL Jan. 6, 1922
 20 UNDERTAKER Richard C. Kirby ADDRESS East Boston

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); *Percussion*, etc., less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Assthmia," "Anemia" (merely sym-tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Tachycardia," "Hemorrhage," "In-lapse," "Ersuffation," "Heart failure," "Atrypia," "Sanle," "nition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERRIPUAL septicemia," "PURPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Tracheopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

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

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

302
 PHYSICIANS should state CAUSE OF DEATH in plain terms,
 carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back
 so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back
 of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. **141**

(Place of death)

City or Town **Boston** No. **HART HOSP.** St. **Ward**

Registered No. **51**

(Place of residence)

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

2 FULL NAME **MARGARET HYNES**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP.** **28 PEARL AVE** St. **St.**

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SIN.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day, hrs. or min. **19 5 13**

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **CLERK**
 (b) Name of employer **TWIN MUTUAL INS.**

9 BIRTHPLACE (city or town) **BOSTON**
 (State or country)

PARENTS

10 NAME OF FATHER **EDWARD J.**
 11 BIRTHPLACE OF FATHER (city or town) (State or country) **IRELAND**
 12 MAIDEN NAME OF MOTHER **MARGARET CRAVEN**
 13 BIRTHPLACE OF MOTHER (city or town) (State or country) **IRELAND**

14 Informant **JOSEPH P. HYNES**
 (Address)

15 Filed **JAN. 9**, 19 **22** **E. W. M. Green** Registrar of city or town where death occurred
 Filed **Mar. 25**, 19 **22** Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **JAN. 5** 19 **22**

17 I HEREBY CERTIFY, That I attended deceased from
 , 19 , to , 19 ,
 that I last saw h. alive on , 19 ,

and that death occurred, on the date stated above, atm.
 The CAUSE OF DEATH* was as follows:

**ACUTE GENERAL PERITONITIS FOL;
 ABORTION**

(duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
 Did an operation precede death? Date of
 Was there an autopsy?
 What test confirmed diagnosis?
 (Signed) **TIMOTHY LEARY MED. EX.** M.D.
 , 19 **22** (Address) **JAN. 5**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **CALVARY (NEW)** DATE OF BURIAL **JAN. 7** 19 **22**

20 UNDERTAKER **P. J. BRADY** ADDRESS

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meningis* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely sym. tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Erbility," "Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Miasmatus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "TERMINAL septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or Town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *2*
City or Town *Waltham* No. *267 Washington* St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Josiah Bent Huntress*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No. *267 Washington* St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred *8* years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Isadora Huntress*

6 DATE OF BIRTH *made to obtain*
(Month) (Day) (Year)

7 AGE Years *74* Months Days If LESS than 1 day..... hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Retiree*
(b) Name of employer

9 BIRTHPLACE (City) *No Weymouth* (State or country) *Mass*

10 NAME OF FATHER *Geo Huntress*
11 BIRTHPLACE OF FATHER (City) *made to obtain* (State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (City) (State or country)

14 Informant *Isadora Huntress* (Address) *267 Washington Waltham*

15 Filed *Feb 3 1922* REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *January 11th 1922*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov. 15th*, 1921, to *Jan. 11th*, 1922, that I last saw him alive on *Jan. 10th*, 1922, and that death occurred, on the date stated above, at *1:15 P.M.*
The CAUSE OF DEATH was as follows:

Arterio-sclerosis

Indefinite (duration) yrs. mos. ds.
CONTRIBUTORY *Chronic Bronchitis* (SECONDARY) *Indefinite* (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis? *Clinical*
(Signed) *William J. Porter*, M.D.

(Address) *Hindrop, Mass.*

Date *January 10th 1922*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Green Grove Oaklawn* DATE OF BURIAL *1/13-22*
(Cemetery) (City or town)

20 UNDERTAKER *C. R. Bennett* ADDRESS *Waltham*

Official position *Health Officer* Date of issue of permit *1/12/22* Permit No. *377*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestive," "Sault," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death. Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or the agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

12,139

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State _____ Registered No. 3
City or Town Winthrop No. 25 Sargent St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Evelyn J. Drake
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 25 Sargent St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------------|---|
| 3 SEX <u>Female</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u> |
| 5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Samuel Drake</u> | | |
| 6 DATE OF BIRTH <u>Oct. 10 1848</u> (Month) (Day) (Year) | | |
| 7 AGE Years <u>73</u> | Months <u>3</u> | Days <u>14</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |
| If STILLBORN, enter that fact here | | |

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 24 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural causes:
Cardio-vascular disease plus neoplasm of the stomach.
(Sudden death)

(See reverse side for description for unknown person)

18 Where was injury sustained, if not at place of death?

(Signed) Jessie Dugan Maguth, M.D.
(Address) _____

Medical Examiner for Suffolk
Date Jan. 26 1922
(Month) (Day) (Year)

8 OCCUPATION OF DECEASED at home
(a) Trade, profession, or particular kind of work
(b) Name of employer

9 BIRTHPLACE (City) Lincolnton
(State or country) Maine

10 NAME OF FATHER Johannes Brobeck

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

12 MAIDEN NAME OF MOTHER Jane Easton

13 BIRTHPLACE OF MOTHER (City) Maine
(State or country)

14 Informant M L Wrape
(Address) 25 Sargent St

19 PLACE OF BURIAL, CREMATION, or REMOVAL Ms Auburn Cornhill
(Cemetery) (City or town) DATE OF BURIAL Jan 26 22
(Month) (Day) (Year)

15 Filed Feb. 3 1922
(Month) (Day) (Year) REGISTRAR _____

20 UNDERTAKER C R Bemis ADDRESS Winthrop

21 Burial permit issued by St Mover Official position Health Officer 22 Date of issue Jan 26 Permit No. 378

MARGIN RESERVED FOR BINDING

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

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

From 24 1922
J. J. Wake

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH
County **Suffolk** State **Massachusetts** Registered No. **4**
City or Town **Boston** No. **150 Loring Rd** St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Katherine S. Gilman**
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **150 Loring Rd** St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female**
4 COLOR OR RACE **White**
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5a If married, widowed or divorced HUSBAND of (or) WIFE of **John E. Gilman**

6 DATE OF BIRTH **Jan 15, 1876**
(Month) (Day) (Year)

7 AGE **46** Years Months **0** Days **12**
If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **at home**
(b) Name of employer

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

10 NAME OF FATHER **John Scannell**

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

12 MAIDEN NAME OF MOTHER **Ellen Sullivan**

13 BIRTHPLACE OF MOTHER (City) **Boston**
(State or country) **Mass**

14 Informant **John E. Gilman**
(Address) **150 Loring Rd Winthrop**

15 Filed **Feb 3, 1922**
(Month) (Day) (Year)

REGISTRAR

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

S. W. Mowry
4. 20.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **Jan 30, 1922**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **Jan 28, 1922**, to **Jan 30, 1922** that I last saw him alive on **Jan 30, 1922** and that death occurred, on the date stated above, at **7:30 A.M.**
The CAUSE OF DEATH was as follows:

Acute Dehydration of Heart

CONTRIBUTORY (SECONDARY) **John (Pneumonia)**
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____
(duration) _____ yrs. _____ mos. _____ ds.

Did an operation precede death? **no** Date of _____
FOR WHAT?

Was there an autopsy? **no**

What test confirmed diagnosis? _____

(Signed) **Harvey Artely** M.D.

(Address) **200 Pleasant St. Winthrop**

Date **Jan 30, 1922**
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary** Boston
(Cemetery) (City or town)

DATE OF BURIAL **Feb 1, 1922**

20 UNDERTAKER **F. J. Crosby**
ADDRESS **12 Warren St Boston**

Official position **Health Officer** Date of issue **1/31/22** Permit No. **379**

PHYSICIANS should state CAUSE OF DEATH EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Garlic canner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages; as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteric* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *39 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Coma," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Pneumopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, as the give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neurosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief of the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 5
City or Town Dorchester No. 50 Moore St St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Barbara Murphy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 50 Moore St. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

16 DATE OF DEATH February 31, 1922
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1922 to Jan. 31, 1922,

6 DATE OF BIRTH Nov. 19 1921
(Month) (Day) (Year)

that I last saw her alive on Jan. 27, 1922,

7 AGE Years _____ Months 2 Days 12 If LESS than 1 day, _____ hrs. or _____ min.

and that death occurred, on the date stated above, at 7:30 P. m.
The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here

Organic heart disease
sine febris (duration) _____ yrs. _____ mos. _____ ds.

8 OCCUPATION OF DECEASED

CONTRIBUTORY _____ (SECONDARY)

(a) Trade, profession, or particular kind of work
(b) Name of employer

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

18 Where was disease contracted if not at place of death? _____ (duration) _____ yrs. _____ mos. _____ ds.

10 NAME OF FATHER James

Did an operation precede death? no. Date of _____

11 BIRTHPLACE OF FATHER (City) Salisbury (State or country) Ms.

Was there an autopsy? no.

12 MAIDEN NAME OF MOTHER Helen Rieger

What test confirmed diagnosis? clinical
(Signed) William J. Porter, M.D.

13 BIRTHPLACE OF MOTHER (City) Peter (State or country) N. H.

(Address) Winthrop, Mass.
Date Feb. 1, 1922.
(Month) (Day) (Year)

14 Informant James Murphy (Address) 50 Moore St.

19 PLACE OF BURIAL, CREATION, OR REMOVAL Holy Cross Malden DATE OF BURIAL Feb. 2 1922
(Cemetery) (City or town)

15 Filed Feb. 3 1922 (Month) (Day) (Year)

20 UNDERTAKER John F. O'Malley ADDRESS Winthrop.

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

Official position Health Officer Date of issue of permit 2/1/22 Permit No. 1380

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Approved by U. S. Census and American Public Health Association!

Jan 31 1922

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *At home*, and children, not gainfully employed as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningis* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 33.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 74, Sec. 8.*

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Foxborough
(City or town)

1 PLACE OF DEATH

County Norfolk State Mass.

Registered No. 7
(Place of death)

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

Registered No. 6
(Place of residence)

2 FULL NAME Anastasia J. McCormack
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. St.
(Usual place of abode)

Length of residence in city or town where death occurred 7 years 1 months 27 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Austin J. McCormack

6 DATE OF BIRTH (month, day, and year) May 19, 1868

7 AGE Years Months Days If LESS than I day, hrs. or min.
53 8 12

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

9 BIRTHPLACE (city or town) Boston
(State or country) Mass.

10 NAME OF FATHER John Kirby

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Bridget F. Downs

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country) 2/

14 Informant Records Foxboro State Hospital
(Address)

15 Filed 2/1/22, 19
Registrar of city or town where death occurred

Filed , 19
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31, 1922

17 I HEREBY CERTIFY, That I attended deceased from April 15, 19 20 to Jan. 31, 19 22, that I last saw her alive on Jan. 31, 19 22, and that death occurred, on the date stated above, at 7:30p m. The CAUSE OF DEATH* was as follows:

Acute entero-colitis

(duration) yrs. 2 mos. ds.
CONTRIBUTORY epileptic dementia & val-
(SECONDARY) vular heart disease
(duration) 16 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) C. B. J. Schorer, M.D.
(Address) Foxboro State Hospital

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross, Malden DATE OF BURIAL 2/3/22 19

20 UNDERTAKER Richard C. Kirby ADDRESS E. Boston

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely sym.omatic), "Atrophy," "Semilethargic," "Coma," "Convulsions," "Lethality" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, myocardial infarction, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there be no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop mass
(City or Town)

1 PLACE OF DEATH
County *Suffolk* State *Mass.* Registered No. *7*
City or Town *Winthrop* No. *94 Somerset ave* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Jhannis Ann Whorf*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *94 Somerset ave* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5a If married, widowed, or divorced HUSBAND OF (or) WIFE OF *Isaiah A Whorf*

6 DATE OF BIRTH *Dec. 9 - 1844*
(Month) (Day) (Year)

7 AGE *77* Years Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *House wife*
(b) Name of employer _____

9 BIRTHPLACE (City) *Provincetown*
(State or country) *Mass*

10 NAME OF FATHER *William Ingham*
Blasiana Scotland Baker

11 BIRTHPLACE OF FATHER (City) *Wellsfleet*
(State or country) *Mass.*

12 MAIDEN NAME OF MOTHER *Abigail S Rich*

13 BIRTHPLACE OF MOTHER (City) *Wellsfleet*
(State or country) *Mass.*

14 Informant *Harry Church Whorf*
(Address) *94 Somerset ave. Winthrop*
Mass.

15 Filed *Feb. 3 1922*
(Month) (Day) (Year)
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan 31 1922*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 1*, 19*21*, to *Jan 31*, 19*22*
that I last saw her alive on *Jan 31*, 19*22*,
and that death occurred, on the date stated above, at *1:20 p. m.*

The CAUSE OF DEATH was as follows:
Chronic Myocarditis, Atherosclerosis

Indefinite (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY *Age*
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis? _____
(Signed) *Tony J. Trone*, M.D.
(Address) *218 Main W Winthrop*
Date *July 1 1922*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Provincetown - Mass*
(Cemetery) (City or town) *Feb. 4 1922*

20 UNDERTAKER *C R Bennisson* ADDRESS *Winthrop*

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *St. ...*
Official Health Officer _____ Date of issue of permit *Feb 2/22* Permit No. *382*

PHYSICIANS should state CAUSE OF DEATH EXACTLY. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mines*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing nearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Cervicoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Assthema," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriages, as "P^{ER}-P^{ER}VAL *septicæmia*," "P^{ER}PERVAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

L A W S
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 9
City or Town Winthrop No. 17, Newbury St St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Thompson
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 17 Newbury St., Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6 DATE OF BIRTH Feb. 3 1922
(Month) (Day) (Year)
7 AGE Years _____ Months _____ Days _____ If LESS than 1 day, h. hrs. or mi. min.
If STILLBORN, enter that fact here _____

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

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

PARENTS
10 NAME OF FATHER Henry J. Thompson
11 BIRTHPLACE OF FATHER (City) Cambridge
(State or country) Mass
12 MAIDEN NAME OF MOTHER Loretta Small
13 BIRTHPLACE OF MOTHER (City) Squampton
(State or country) Mass

14 Informant H. J. Thompson
(Address) 17 Newbury St

15 Filed Feb. 11 1922
(Month) (Day) (Year) REGISTRAR _____

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 3 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1922, to Feb 3, 1922, that I last saw he alive on Feb 3, 1922, and that death occurred, on the date stated above, at 8 A. m. The CAUSE OF DEATH was as follows:

Patient of Cranen Creek
Premature

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) C. M. Mowry, M.D.
(Address) 356 Winthrop
Date Feb 3 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town) DATE OF BURIAL Feb 4 1922

20 UNDERTAKER John F. O'Malley ADDRESS Winthrop
Official position Heath Office Date of issue of permit 2/3/22 Permit No. 382

N. B. - WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Cool room*, etc. Women at home, who are engaged in the duties of the housewife, etc. Women at home, who receive a definite salary, may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelicate); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name definite, if possible; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Hemorrhagic," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicemia," "PERIPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 11, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectman for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County *Suffolk* State *Mass.* Registered No. *10*City or Town *Winthrop* No. *24 Belcher* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George Henry Jones

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *24 Belcher* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Sarah L Jones*6 DATE OF BIRTH *March 17 1849*
(Month) (Day) (Year)7 AGE *72* Years Months *10* Days *17* If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here _____

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Steam fitter*
(b) Name of employer _____9 BIRTHPLACE (City) *Medford*
(State or country) *Mass.*10 NAME OF FATHER *George Edward Jones*11 BIRTHPLACE OF FATHER (City) *Portland*
(State or country) *Maine*12 MAIDEN NAME OF MOTHER *Freda Rattman Floyd*13 BIRTHPLACE OF MOTHER (City) *Malden*
(State or country) *Mass.*14 Informant *Sarah L Jones*
(Address) *24 Belcher St* wife15 Filed *Feb. 11, 1922*
(Month) (Day) (Year) REGISTRAR _____21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *S. J. Murray*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 3 1922*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Jan 1921*, 19*21*, to *July 3*, 19*22*, that I last saw him alive on *July 3*, 19*22*, and that death occurred, on the date stated above, at *11 A* m.

The CAUSE OF DEATH was as follows:

*Ch Endocarditis**Indefinite* (duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY (SECONDARY) *Card Dilatation*
(duration) *3+* yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? *no* Date of _____Was there an autopsy? *no*

What test confirmed diagnosis? _____

(Signed) *Thos G Trone*, M.D.(Address) *218 Main St*Date *July 3 1922*
(Month) (Day) (Year)19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Winthrop*
(Cemetery) (City or town) DATE OF BURIAL *Feb. 6, 1922*20 UNDERTAKER *C R Bennison* ADDRESS *Winthrop*Official position *Health Officer* Date of issue of permit *2/6/22* Permit No. *383*

PHYSICIANS should state CAUSE OF DEATH EXACTLY. PHYSICIANS should state CAUSE OF DEATH EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Artist*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never mention "typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc.*, *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis: Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meningis* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Scall," "Lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

Registered No. 1140
(Place of death)
Registered No. 73
(Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts
City or Town Boston No. MASS. HOME O. HOSPT.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY J. BROWN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence State MASS. City or Town WINTHROP No. 59 QUINCY AVE. --- St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WID.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of WM. H.

6 DATE OF BIRTH (month, day, and year) -----

7 AGE Years Months Days If LESS than 1 day, hrs. or min. 70

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED NONE

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (city or town) PICTOU (State or country) N.S.

PARENTS

10 NAME OF FATHER ALEXANDER CAMPBE

11 BIRTHPLACE OF FATHER (city or town) PICTOU (State or country) N.S.

12 MAIDEN NAME OF MOTHER ELIZABETH GRANT

13 BIRTHPLACE OF MOTHER (city or town) PICTOU (State or country) N.S.

14 Informant M.G. BOWLBY (Address)

15 Filed FEB. 8 1922 E.W.M. Glenen Registrar of city or town where death occurred
Filed May 25, 1922 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB. 4. 1922

17 I HEREBY CERTIFY, That I attended deceased from JAN. 30, 1922, to FEB. 4, 1922, that I last saw him alive on FEB. 4, 1922, and that death occurred, on the date stated above, at 8.15 P.M. The CAUSE OF DEATH* was as follows:

BRONCHO-PNEUMONIA

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H.M. POLLOCK, M.D. 1922 (Address) FEB. 5

19 PLACE OF BURIAL, CREMATION, OR REMOVAL FOREST HILLS DATE OF BURIAL FEB. 7 1922

20 UNDERTAKER J.S. WATERMAN & SONS ADDRESS

302
N. B. - WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. PHYSICIANS should state CAUSE OF DEATH in plain terms, carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know more precisely the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (c) Salesman, (d) Grocery; (e) Foreman, (f) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 39 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely sym.omatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Heart failure," "Hemorrhage," "Ins-etc.," "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Ins-etc.," "Marsasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Corticarcs will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or ••• from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths sup-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.

BOARD OF HEALTH PHYSICIAN'S CERTIFICATE OF DEATH

To be used only in case there is no attending physician or if for sufficient reason the attending physician's certificate cannot be obtained early enough for the purpose of granting a burial permit, as provided by Revised Laws, Chapter 78, Section 38.

1 PLACE OF DEATH

County _____ State _____ Registered No. 11

City Winthrop No. 278 Main St. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Roger Somerby Duston
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 278 Main St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 years 2 months 30 days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1918.

7 AGE 3 Years 2 Months 30 Days If LESS than I day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop (State or country) Mass.

PARENTS

10 NAME OF FATHER Clarence O. Duston

11 BIRTHPLACE OF FATHER (city or town) East Boston (State or country) Mass.

12 MAIDEN NAME OF MOTHER Edel R. Rogers

13 BIRTHPLACE OF MOTHER (city or town) Concord (State or country) Mass.

14 Informant Mrs. Clarence Duston (Address) 278 Main St.

15 Filed Feb. 11, 1922 REGISTRAR
(Month) (Day) (Year)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 6 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I have ascertained the nature of the disease from which the person above-named died, and that the CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH. (See reverse side for additional space and instructions.)

Anemia Lymphatica

(duration) _____ yrs. 10 mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? at Home.

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Personal Observation

(Signed) Raymond B. Parker, M.D.

(Address) 148 Winthrop St Winthrop
Date Feb 7 1922 by order of Medical Examiner
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

DATE OF BURIAL

Feb. 8, 1922

20 UNDERTAKER

Frank C. Brown ADDRESS 286 Meridian East Boston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. G. Thayer *Health Officer* *28722 284*

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death, where contracted, the duration of his last illness, when last seen alive by the physician and the date of his death. . . .]—*Revised Laws, Chap. 29, Sects. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or if is insufficient, the chairman of the board of health, or a physician or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, . . . medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk or registrar may require.—*Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon and view of the dead bodies of only such persons as are supposed to have come to their death by violence.—*Revised Laws, Chap. 24, Sec. 8.*

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

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

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

Substitute for Undertakers: No embalming fluid, or any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained.—*Revised Laws, Chap. 24, Sec. 20.*

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Ashtema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Exhaustion," "Heart failure," "Senile," etc.); "Dropsy," "Marasmus," "Old age," "Hemorrhage," "Hemiplegia," "Hysteria," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc. State cause for a job surgical operation when undertaken. For violent deaths state means or injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Worcester
(City or Town)

1 PLACE OF DEATH *Worcester*
County *Suffolk* State *Mass* Registered No. *12*
City or Town *Worcester* No. *14 Bates ave* St. *Ward*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Emily Regina Haggerston*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *14 Bates ave* St. *Ward*
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred *84* years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5a If married, widowed, or divorced
HUSBAND of *Thomas Haggerston*
(or) WIFE of

6 DATE OF BIRTH *Dec. 23 1837*
(Month) (Day) (Year)

7 AGE Years *84* Months *1* Days *16* If LESS than 1 day,..... hrs. or..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at Home*

(b) Name of employer

9 BIRTHPLACE (City) *Worcester Mass*
(State or country)

10 NAME OF FATHER *Samuel H. Tewksbury*

11 BIRTHPLACE OF FATHER (City) *Worcester*
(State or country)

12 MAIDEN NAME OF MOTHER *Sarah Hill Sturgis*

13 BIRTHPLACE OF MOTHER (City) *Boston*
(State or country)

14 Informant *Mrs. Samuel Brown*
(Address) *14 Bates ave. Worcester*

15 Filed *Feb. 11 1922*
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *February 8 1922*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 1* 1922 to *July 8* 1922
that I last saw her alive on *July 8* 1922
and that death occurred, on the date stated above, at *1:30 P. m.*

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) *7* yrs. *5* mos. *5* ds.

CONTRIBUTORY (SECONDARY) *Arterio sclerosis*

(duration) *Several* yrs. *7* mos. *7* ds.

18 Where was disease contracted if not at place of death? *X*

Did an operation precede death? *No* Date of *—*

Was there an autopsy? *No*

What test confirmed diagnosis? *Clinical*

(Signed) *Orrille E. Johnson M.D.*

(Address) *125 North Street*

Date *July 9 1922 Worcester*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Worcester*
(Cemetery) *Worcester* (City or town) DATE OF BURIAL *2/10 1922*

20 UNDERTAKER *Charles R. Bennett* ADDRESS *Worcester*

Official position *Health Officer* Date of issue *2/11/22* Permit No. *585*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Chief engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Packer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Typhoid cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name of organ); "Cancer" is less definite; avoid use of "Tumor" for malignant origin; "Chronic interstitial nephritis" etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *99 ds.*; *Bronchopneumonia* (secondary); *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *99 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Senile lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 4f.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 13City or Town Winthrop No. 100 Marshall St St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Angus M Macdonald
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 100 Marshall St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH May 16 1961
(Month) (Day) (Year)7 AGE Years Months Days If LESS than
60 8 34 1 day, _____ hrs.
or _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) Name of employerDie Maker9 BIRTHPLACE (City) Antigonish
(State or country) N.S.10 NAME OF FATHER Angus11 BIRTHPLACE OF FATHER (City) Antigonish
(State or country) N.S.12 MAIDEN NAME OF MOTHER Mary Macdonald13 BIRTHPLACE OF MOTHER (City) Antigonish
(State or country) N.S.14 Informant Mrs Holland
(Address) 100 Marshall St15 Filed Feb. 11, 1922
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedS. A. Murray

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 9 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from
Feb. 8, 1922, to Feb. 9, 1922,that I last saw him alive on Feb. 8, 1922,and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH was as follows:

Tuberculosis(duration) _____ yrs _____ mos. 3 ds.CONTRIBUTORY Cystitis & nephritis
(SECONDARY)(duration) 1 yrs _____ mos. _____ ds.18 Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Charles R. McKinney, M.D.(Address) 356 Vermont StDate Feb. 9 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Cemetery Waltham
(Cemetery) (City or town)

DATE OF BURIAL

Feb 11 19 22

20 UNDERTAKER

John F. O'Maley Winthrop

ADDRESS

Office position Health Officer Date of issue of permit 2/10/22 Permit No. 3150

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1 526. 9. 1923
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*, *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.*. Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Comatose"), "Senile," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insufficiency," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on a statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death.—*Revised Laws, Chap. 89, Secs. 10 and 11, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certifying physician, if there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained or early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence.—*Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wrentham
(City or Town)1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *14*
City or Town *Wrentham* No. *90 Putnam St* St. *Ward*
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME *Anna Di-Vita Lampasona*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *90 Putnam* St., *Ward.*
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *11* years *X* months *X* days. How long in U. S., if of foreign birth? *20* years *X* months *days*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*5a If married, widowed, or divorced
HUSBAND of *Giuseppe Lampasona*
(or) WIFE of6 DATE OF BIRTH *July 26 1858*
(Month) (Day) (Year)7 AGE Years Months Days If LESS than 1 day, hrs. or min.
63 6 15

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer*at Home*9 BIRTHPLACE (City) *unable to obtain*
(State or country) *Italy*10 NAME OF FATHER *Pietro Di-Vita*11 BIRTHPLACE OF FATHER (City) *unable to obtain*
(State or country) *Italy*12 MAIDEN NAME OF MOTHER *Angela Palazzolo*13 BIRTHPLACE OF MOTHER (City) *unable to obtain*
(State or country) *Italy*14 Informant *Frank Lampasona*
(Address) *90 Putnam St Wrentham*15 Filed *Feb 23/22*
(Month) (Day) (Year) REGISTRAR

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

J. R. Mowry
4. 20

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 10 22*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *1920*, 19....., to *Feb 10*, 19*22*
that I last saw h *in* alive on *Feb 10*, 19*22*
and that death occurred, on the date stated above, at *3:15 P.* m.

The CAUSE OF DEATH was as follows:

*arterio sclerosis Chronic
interstitial Nephritis*(duration) *3* yrs. mos. ds.CONTRIBUTORY *degenerated heart*
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *B. J. Melcay* M.D.(Address) *174 Wrentham St Wrentham Mass*Date *Feb 11 1922*
(Month) (Day) (Year)19 PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Michael's Church*
(Cemetery) *Wrentham* (City or town) *2/13-22*20 UNDERTAKER *West Rox. Boston* ADDRESS *Wrentham*
*E R Bennett*Official position *Health Officer* Date of issue *2/13/22* Permit No. *387*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Groceries*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not formally employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less defining; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meningis* (disease causing death), *89 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Senile," "lapse," "Coma," "Convulsions," "Heart failure," "Hemorrhage," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EPI TA C I U S
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County Suffolk State Mass.Registered No. 15City or Town Winthrop No. 12 Cherry St. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME George Foster Matthews

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 12 Cherry St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH Mar. 15 1901
(Month) (Day) (Year)7 AGE Years Months Days If LESS than 1 day, hrs. or min.
30 10 27

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED Packer.

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (City) Winthrop(State or country) Mass.10 NAME OF FATHER Iving W.11 BIRTHPLACE OF FATHER (City) P.O. Island

(State or country)

12 MAIDEN NAME OF MOTHER Selina Macdonald13 BIRTHPLACE OF MOTHER (City) P.O. Island

(State or country)

14 Informant Irving Matthews(Address) 12 Cherry St.15 Filed Feb. 23, 1922
(Month) (Day) (Year)

REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 12 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1922, to Feb 12, 1922, that I last saw him alive on Feb 12, 1922 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:

Lobar pneumonia - upper & lower lobes - left(duration) yrs. mos. 7 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of deathDid an operation precede death? yes Date of Feb 12-22Was there an autopsy? noWhat test confirmed diagnosis? Laboratory findings.(Signed) T. P. W. Layton, M.D.(Address) Fort Bank, Ma.Date Feb 12 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop
(Cemetery)Winthrop
(City or town)

DATE OF BURIAL

Feb. 14 1922

20 UNDERTAKER

John F. O'Maley

ADDRESS

WinthropOfficial position Dr. OfficeDate of issue of permit 2-13-22 Permit No. 388

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

726.12.1922

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Cart engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Synthetic*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Declarer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *Housework*, or *At home* and child, not gainfully entered as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never mention "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), as 10 da. Never report mere symptoms or terminal conditions, such as "Anemia," "Anoxia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gonorrhea, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certifying physician, if there is no attending physician, . . . or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectman for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

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

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

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

 Wrentham
 (City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

16

City or Town

Wrentham

No.

40 Cottage Park Road

St.

Ward

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

2 FULL NAME

Sarah Ellen Huskins

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

40 Cottage Park

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5a If ~~married~~, widow ~~of~~ ~~divorced~~
HUSBAND of
(or) WIFE of

of John B. Huskins

6 DATE OF BIRTH

April 11 1834

(Month)

(Day)

(Year)

7 AGE

Years

87

Months

10

Days

5

If LESS than

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

9 BIRTHPLACE (City)

Lynn

(State or country)

Mass

10 NAME OF
FATHER

Cyrus Washburn

11 BIRTHPLACE OF
FATHER (City)

Salem

(State or country)

Mass

12 MAIDEN NAME
OF MOTHER

Mary Phillips

13 BIRTHPLACE OF
MOTHER (City)

Lynn

(State or country)

Mass

14

Informant

Selma C. Washburn

(Address)

40 Cottage Park Wrentham

15

Filed

Feb 23 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedS. J. Maury
S. J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July

16

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

1918

to July 16

1922

that I last saw her alive on July 11

1922

and that death occurred, on the date stated above, at 2:15 P.M.

The CAUSE OF DEATH was as follows:

Chronic myocarditis Atherosclerosis
a attack of Angina Pectoris

2 definite

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

T. J. P. Brown

M. D.

(Address)

218 Main St Wrentham

Date

July

16

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Pine Grove Lynn Mass

(City or town)

DATE OF BURIAL

2/10

20 UNDERTAKER

P. R. Pennington

ADDRESS

Wrentham

Official
position

Health Officer

Date of
issue

of permit

2/17/22

Permit
No.

387

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonæum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthenia," "Anemia" (merely symptomatic), "Atrophy," "Stale," "Lapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentthrop
(City or Town)

1 PLACE OF DEATH
County *Suffolk* State *Mass.* Registered No. *17*
City or Town *Wentthrop* No. *30 Dolphin Ave.* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Harry King*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *30 Dolphin St.* Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5a If married, widowed, or divorced *Ellen King*
HUSBAND of (or) WIFE of

6 DATE OF BIRTH *March 4 1870*
(Month) (Day) (Year)

7 AGE Years *81* Months *11* Days *13* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED *Captain*
(a) Trade, profession, or particular kind of work
(b) Name of employer *East Boston Ferries*

9 BIRTHPLACE (City) *Tarrytown N.Y.*
(State or country)

10 NAME OF FATHER *Unknown*

11 BIRTHPLACE OF FATHER (City) *Unknown*
(State or country)

12 MAIDEN NAME OF MOTHER *Unknown*

13 BIRTHPLACE OF MOTHER (City) *Unknown*
(State or country)

14 Informant *Frank R. King*
(Address) *4 Wood St. Franklin Mass.*

15 Filed *Feb 23 1922*
(Month) (Day) (Year)

REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 17 1922*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 21*, 19*21*, to *Feb 14*, 19*22*
that I last saw him alive on *Feb 14*, 19*22*,
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH was as follows:

cerebral hemorrhage
(duration) _____ yrs. *2* mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? *w* Date of _____

Was there an autopsy? *w*

What test confirmed diagnosis? *none*
(Signed) *William H. Fraenkel* M.D.
(Address) *49 Bartlett Road*
Date *Feb 18 1922*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wentthrop* DATE OF BURIAL *Feb 19 22*
(Cemetery) (City or town)

20 UNDERTAKER *Frank E. Brown* ADDRESS *East Boston*

Official position *Health Officer* Date of issue *2/19/22* Permit No. *391*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Industrial engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scullion, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Cervicoma, Sarcoma*, etc., etc. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meesles; Whooping cough; Chronic indolent heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meesles* (disease causing death), *99 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Influenza," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*
. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths 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.

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 18
City or Town BOSTON No. 214 Court Road St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John M. Moriarty
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 214 Court Road St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 2 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower (write the word)
5a If married, widowed, or divorced HUSBAND of Helia Moriarty (or) WIFE of _____
6 DATE OF BIRTH July 19 1847
Month (Day) (Year)
7 AGE 74 Years 6 Months 29 Days If LESS than _____ day, _____ hrs. or _____ min.
If STILLBORN, enter that fact here _____
If STILLBORN, state period of oterogestation _____ mos. _____ or _____ min.

8 OCCUPATION OF DECEASED Grocer
(a) Trade, profession, or particular kind of work Retiree
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer _____
9 BIRTHPLACE (City) Boston (State or country) Mass
10 NAME OF FATHER Walter Moriarty
11 BIRTHPLACE OF FATHER (City) Ireland
(State or country)
12 MAIDEN NAME OF MOTHER Frances Connors
13 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

14 Informant William J. Moriarty
(Address) 214 Court Road
15 Filed Feb. 24 1922
(Month) (Day) (Year) REGISTRAR _____

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 17 1922
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1922, to Feb 17, 1922, that I last saw him alive on Feb 17, 1922, and that death occurred, on the date stated above, at 8:30 p. m.
The CAUSE OF DEATH was as follows:
Arterio-sclerosis
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Myocarditis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.
18 Where was disease contracted if not at place of death? _____
FOR WHAT?
Did an operation precede death? _____ Date of _____
Was there an autopsy? no
What test confirmed diagnosis? _____
(Signed) C. J. Mulholland M.D.
(Address) 356 Mulholland St
Date Feb 18 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden
(Cemetery) (City or town) DATE OF BURIAL Feb 20/22
20 UNDERTAKER William J. Bulger ADDRESS 591 Broadway
Date of issue of permit 2/8/22 Permit No. 300
Official position Health Officer

WHILE THE LABELS, WITH THE CONTAINED BLACK MARKS, ARE TO BE REMOVED, PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Feb. 17, 1922

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Gracey; (a) Foreman, (b) Automobile factory, etc. The material worked on may form part of the second statement. Never return (a) Laborer, (b) Foreman, (c) Manager, (d) Dealer, etc., without more precise specification, as Day laborer, Farm laborer, Laborer — Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Former (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death. — Name, first, the disease causing DEATH, the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labor pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningitis, peritonitis, etc. Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 99 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Scarla," "Lapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Infantile," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 522.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until these shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certifying certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Revised Laws, Chap. 78, Sec. 33.

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — Revised Laws, Chap. 24, Sec. 8.

RULES OF PRACTICE

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

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

302
 carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
 City or Town **Boston** No. **LONG ISLAND HOSP.** St. **Ward**

(City or town)
 Registered No. **1538**
 (Place of death)
 Registered No. **252**
 (Place of residence)

2 FULL NAME

OSCAR J. BALL

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **No.** St. **No.**

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WID.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **EUNICE ROGERS**

6 DATE OF BIRTH (month, day, and year) **----1842**

7 AGE Years **80** Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **MUSICIAN**
 (b) Name of employer

9 BIRTHPLACE (city or town) **NORTHBORO**
 (State or country)

10 NAME OF FATHER **JOSEPH BALL**

11 BIRTHPLACE OF FATHER (city or town) **BOSTON**
 (State or country)

12 MAIDEN NAME OF MOTHER **-----**

13 BIRTHPLACE OF MOTHER (city or town) **-----**
 (State or country)

14 Informant **FRANCIS BALL**
 (Address) **WINTHROP**

15 Filed **FEB. 20** 1922 **E. W. M. Glenen**
 Registrar of city or town where death occurred
 Filed **Mar. 25** 1922
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **FEB. 17.** 1922

17 I HEREBY CERTIFY, That I attended deceased from **MAY 13** 18 **FEB. 17** 1922, to **1922**

that I last saw him **IM** alive on **FEB. 17** 1922

and that death occurred, on the date stated above, at **10 A** m.

The CAUSE OF DEATH* was as follows:

BRONCHO PNEUMONIA

(duration) yrs. mos. ds.
 CONTRIBUTORY **ENTERO-COLITIS (TERMINAL)**
 (SECONDARY)
 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **T. CUDDY** M.D.
 1922 (Address) **L. I. HOSP.**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **NORTHBORO** DATE OF BURIAL **FEB. 20** 1922

20 UNDERTAKER **J. S. WATERMAN & SONS** ADDRESS

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Typhoid cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never mention "typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* report "Pneumonia," unqualified, is indelinite; *Tuberculosis of lungs, meningea, peritonæa, etc.; Carcinoma, Sarcoma, etc., of* (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anæmia" (merely sym. tomatic), "Atrophy," "Senile lapse," "Coma," "Convulsions," "Lability," "Congenital," "Intoxication," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPARTAL septicæmia," "POSTPARTAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or Town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 19
City or Town Wentworth No. 17 Hutchinson St. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William A Hardyman
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 17 Hutchinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred X years 6 months X days. How long in U. S., if of foreign birth? 50 years X months X days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of July 15th 1859

6 DATE OF BIRTH July 15th 1859
(Month) (Day) (Year)

7 AGE Years 62 Months 6 Days 3
If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sheff (cook)
(b) Name of employer W. Hyde - Wentworth

9 BIRTHPLACE (City) Lovell
(State or country) England

10 NAME OF FATHER unable to obtain

11 BIRTHPLACE OF FATHER (City) " " " "

12 MAIDEN NAME OF MOTHER " " " "

13 BIRTHPLACE OF MOTHER (City) " " " "

14 Informant Arthur J. Pilpott
(Address) 6510 Wentworth St. Beverly Mass

15 Filed Feb 23 1922
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued S. A. Mowry
9/8/22

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 18 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1922, to Feb 18, 1922
that I last saw him alive on Feb 18, 1922,
and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH was as follows:

Arturo-sclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) edema of lungs
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) O. Mahoney M.D.
(Address) 352 Wentworth St
Date February 20 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Wentworth Mass
(Cemetery) Wentworth (City or town)

DATE OF BURIAL 2/21-22

20 UNDERTAKER C. E. Brown

ADDRESS Wentworth Mass

Official position Health Officer Date of issue of permit 2/21/22 No. 392

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Dr. Mahoney

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer, (b) Cotton mill; (a) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory, mill; (a) Laborer, (b) Foreman; (a) Manager, (b) Dealer, etc.*, without return "Laborer," "Foreman," "Manager," "Dealer," etc., without return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never mention "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc.*, of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningis* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," "Exhaustion," "Heart failure," "Hemorrhage," "Icterus," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene gastritis, erysipelas, meningitis, miscar-rage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

322
Winthrop
(City or Town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 20City or Town Winthrop No. 19 Johnson Ave. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Marietta Smith
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 19 Johnson Ave. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Smith6 DATE OF BIRTH Nov. 18, 1873
(Month) (Day) (Year)7 AGE Years Months Days If LESS than 1 day, hrs. or min.
78 3 2

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At home
(b) Name of employer9 BIRTHPLACE (City) Gitchburg
(State or country) Mass.10 NAME OF FATHER Edwin Lamb11 BIRTHPLACE OF FATHER (City) Gitchburg
(State or country) Mass.12 MAIDEN NAME OF MOTHER Mary Gibson13 BIRTHPLACE OF MOTHER (City) Gitchburg
(State or country) Mass.14 Informant Mrs. Freeman
(Address) 19 Johnson Ave.15 Filed Feb. 23, 22
(Month) (Day) (Year) REGISTRAR21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued J. V. Murray

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 20 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec, 1921, to Feb 20, 1922
that I last saw her alive on February 19, 1922
and that death occurred, on the date stated above, at 7:40 pm.
The CAUSE OF DEATH was as follows:
Carcinoma of uterus(duration) not known ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) B. M. Metcalf, M.D.(Address) 174 W. Winthrop W. Winthrop 52 msDate Feb 22 1922
(Month) (Day) (Year)19 PLACE OF BURIAL, CREMATION, OR REMOVAL Castham Mass.
(Cemetery) (City or town) DATE OF BURIAL Feb. 23 2220 UNDERTAKER Frank Brown
ADDRESS 286 Meridian East BostonOfficial position Health Officer Date of issue of permit 2 22 22 Permit No. 397

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement. It should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anuria" (merely symptomatic), "Atrophy," "Senile," "Asphemia," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal," *septicemia*, "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts

Registered No. 1692
(Place of death)
Registered No. 2750
(Place of residence)

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

2 FULL NAME LIBBIE ROSENBERG
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 164 PAULINE St. _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WID.

16 DATE OF DEATH (month, day, and year) FEB. 20 19 22

5a If married, widowed, or divorced HUSBAND of (or) WIFE of HARRY

17 I HEREBY CERTIFY, That I attended deceased from FEB. 19, 1922, to FEB. 20, 1922, that I last saw h. IM alive on FEB. 20, 1922,

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 82 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

and that death occurred, on the date stated above, at 9.40 P.M.
The CAUSE OF DEATH* was as follows:

CERE. HEMORRHAGE

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work NONE
(b) Name of employer _____

(duration) _____ yrs. _____ mos. 1 ds.
CONTRIBUTORY ARTERIO-SCLEROSIS
(SECONDARY)
(duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) RUSSIA
(State or country)

18 Where was disease contracted if not at place of death? _____

10 NAME OF FATHER LOUIS MARCUS

Did an operation precede death? _____ Date of _____

11 BIRTHPLACE OF FATHER (city or town) RUSSIA
(State or country)

Was there an autopsy? _____

12 MAIDEN NAME OF MOTHER ESTHER

What test confirmed diagnosis? _____

13 BIRTHPLACE OF MOTHER (city or town) RUSSIA
(State or country)

(Signed) F. S. PARSONS, M.D.
, 19 22 (Address) FEB. 21

14 Informant S. ROBERTS
(Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

WOBURN (BETH JOSEPH) FEB. 21 19 22

15 Filed FEB. 24, 19 22 E. W. M. Glenen
Registrar of city or town where death occurred

20 UNDERTAKER ADDRESS

MANUEL STANETSKY

Filed MAR. 25, 19 22
Registrar of city or town where deceased resided

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . I shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *89 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphæmia," "Anæmia" (merely sym-tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

(City or town)

1 PLACE OF DEATH

County Hampden State Mass.
 City or Town Springfield No. 45 North Main

Registered No. _____ (Place of death)
 Registered No. 29 (Place of residence)
 St. 2 Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John W. Swint

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 81 Otis St. _____

Length of residence in city or town where death occurred years 2 months 18 days How long in U. S., if of foreign birth? years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced
 HUSBAND of Delia Richardson
 (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) February 2 1852

7 AGE 70 Years Months -- Days 19
 If STILL BORN, color that fact here If LESS than 1 day, hrs. or mo.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Baker - Retired

(b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9 BIRTHPLACE (city or town) Syracuse
 (State or country) New York

10 NAME OF FATHER John W. Swint
 11 BIRTHPLACE OF FATHER (city or town) Worms
 (State or country) Germany
 12 MAIDEN NAME OF MOTHER Margaret Matzen-
Kussel bacher
 13 BIRTHPLACE OF MOTHER (city or town) Germany
 (State or country) Feb

14 Informant Dr. S. A. Lewis Mass.
 (Address) 45 No. Main St. Springfield

15 Filed Feb 24, 19 22 Blifford Smith
 Registrar of city or town where death occurred
 Filed May 13, 19 22
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 21¹⁹ 22

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1921, to Feb. 21, 1922
 that I last saw him alive on Feb. 21, 1922

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Angina Pectoris

(duration) yrs. 10 mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18 Where was disease contracted- - if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Seth A. Lewis, M.D.
22 1922 Address 45 No. Main

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Woodlawn, Everett

DATE OF BURIAL
Feb 24 19 22

20 UNDERTAKER

ADDRESS
Cheney D. Washburn
Springfield
Mass.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility," ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Traumatic," *septicemia*, "Puerperal," *peritonitis*, etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver aimed at head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:
1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Self-poisoning*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

BOARD OF HEALTH PHYSICIAN'S CERTIFICATE OF DEATH

To be used only in case there is no attending physician or if for sufficient reason the attending physician's certificate cannot be obtained early enough for the purpose of granting a burial permit, as provided by Revised Laws, Chapter 78, Section 38.

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 22
City Wintthrop No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sallie Weigle
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 90 Temple Ave St. Wintthrop Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 8 years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6 DATE OF BIRTH (month, day, and year) June 3, 1858

7 AGE 63 Years 8 Months 19 Days
If LESS than 1 day, hrs. or mo.
If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED Home
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9 BIRTHPLACE (city or town) London England
(State or country)10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town) ll
(State or country)12 MAIDEN NAME OF MOTHER ll13 BIRTHPLACE OF MOTHER (city or town) ll
(State or country)14 Informant Eugene J. Campbell
(Address)15 Filed Feb. 23, 1922
(Month) (Day) (Year) REGISTRAR L. A. Maudsley

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 22 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I have ascertained the nature of the disease from which the person above-named died, and that the CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH. (See reverse side for additional space and instructions.)

Carcinoma Breasts and abdominal organs.(duration) 15 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? at HomeDid an operation precede death? Yes Date of about 15 years ago.Was there an autopsy? noWhat test confirmed diagnosis? Personal Examination(Signed) Raymond B. Parker M.D.(Address) Winthrop Board of HealthDate Feb 23 1922
(Month) (Day) (Year)
by order Medical Examiner

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mass crematory

DATE OF BURIAL

Feb 24 1922

20 UNDERTAKER

J. W. Waterman & Son Boston

ADDRESS

Health Officer223.22 295

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death, where contracted, the duration of his last illness, when last seen alive by the physician and the date of his death. . . . — *Revised Laws, Chap. 29, Sects. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

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

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

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

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

Notice to Undertakers: NO embalming, mummification, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

Statement of Cause of Death.—Name, **first**, the disease **causing death** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mastitis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mastitis* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asphyxia," "Aemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," ("Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for a rich surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*; *accident*; *Knife wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *Septicemia, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH *Suffolk* (City or Town)
County *Suffolk* State *Mass.* Registered No. *23*
City or Town *Wintthrop* No. *Cliff House 170 Cliff Ave.* St. *Cliff Ave.* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Henry Alexander Maley*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *Cliff House - 170 Cliff Ave.* Ward. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence to city or town where death occurred *1* years *6* months *1* days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male*

4 COLOR OR RACE *White*

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Elizabeth K*

6 DATE OF BIRTH *April 25 1854*
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
67 9 29

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Retired*
(b) Name of employer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb. 23 1922*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *July 12, 1922, to Feb 23, 1922,*
that I last saw him alive on *Feb. 21, 1922,*
and that death occurred, on the date stated above, at *12:40 a.m.*

The CAUSE OF DEATH was as follows:
Post Paralytic Dementia
Hypostatic Pneumonia

(duration) _____ yrs. _____ mos. ds.

CONTRIBUTORY *Arteriosclerosis*
(SECONDARY) (duration) *5* yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis? *Chemical*
(Signed) *Charles O Thompson*, M.D.
(Address) *559 Beacon*
Date *Feb. 23 1922*
(Month) (Day) (Year)

9 BIRTHPLACE (City) *Brooklyn*
(State or country) *N. Y.*

10 NAME OF FATHER *Alexander*

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

12 MAIDEN NAME OF MOTHER *Isabella Craig*

13 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)

14 Informant *Elizabeth K. Mallery*
(Address) *234 Clarendon St Boston*

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Mass Cemetery*
(Cemetery) (City or town)

DATE OF BURIAL *2/25 1922*

15 Filed *Feb. 23 1922*
(Month) (Day) (Year) REGISTRAR

20 UNDERTAKER *Fred L. Beigg* *Boston*
ADDRESS

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *J. A. Murray*
H. 26

Official position *Health Officer* Date of issue *2/23/21* Permit No. *393*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Cart engineer*, *Stationery fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Aluminum fabricator*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been occupied or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never mention "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., etc. (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Hypopert. cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *92 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 1, as amended by Acts of 1910, Chap. 382.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died. . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for this purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

24

City or Town

Waltham

No.

79

Johnson Ave Waltham

St.

Ward

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

2 FULL NAME

Ganahie C. Rich

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

79 Johnson Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

27 years

x months

1 days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Alice D. Rich

6 DATE OF BIRTH

Nov. 21, 1849

(Month)

(Day)

(Year)

7 AGE

72

Months

3

Days

3

If LESS than
1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

9 BIRTHPLACE (City)

Provincetown, Mass

(State or country)

10 NAME OF

FATHER

Charles Higgins Rich

11 BIRTHPLACE OF
FATHER (City)

Provincetown, Mass

(State or country)

12 MAIDEN NAME

OF MOTHER

Mary Collins

13 BIRTHPLACE OF
MOTHER (City)

Provincetown, Mass (Grand)

(State or country)

14

Informant

Alice D. Rich. (W. law)

(Address)

79 Johnson Ave Waltham

15

Filed

Mar 6, 1932

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February

23

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

June

, 1921, to

Feb 23

, 1922

that I last saw him alive on

Feb 21

, 1922

and that death occurred, on the date stated above, at

9 P

m.

The CAUSE OF DEATH was as follows:

Diabetes Insipidus

Unknown (duration)

yrs.

mos.

ds.

CONTRIBUTORY

Diabetic Coma

(SECONDARY)

(duration)

yrs.

mos.

3 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Test for sugar

(Signed)

Horace J. Sabole

, M.D.

(Address)

188 Waltham St

Date

Feb

(Month)

24

(Day)

1922

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Waltham Mass

(Cemetery)

Waltham (City or town)

DATE OF BURIAL

2/20/1922

20 UNDERTAKER

C. R. Bennett

ADDRESS

Waltham

Official
position

Health Officer

Date of
issue
of permit

Feb 25 1922

Permit
No.

396

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Sailie," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 25
City or Town Winthrop No. 80 Sagamore Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Eldon Wallace Sewell
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 80 Sagamore Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence6 DATE OF BIRTH March 19 1873
(Month) (Day) (Year)7 AGE Years Months Days If LESS than 1 day,..... hrs. or min.
48 11 6

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bookbinder
(b) Name of employer9 BIRTHPLACE (City) St John N. B.
(State or country)10 NAME OF FATHER Edward Sewell11 BIRTHPLACE OF FATHER (City) St John N. B.
(State or country)12 MAIDEN NAME OF MOTHER Mary Kennedy13 BIRTHPLACE OF MOTHER (City) St John N. B.
(State or country)14 Informant Florence Sewell
(Address) 80 Sagamore Ave15 Filed Mar. 6 1922
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 25 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 6, 1922, to July 25, 1922 that I last saw him alive on July 24, 1922, and that death occurred, on the date stated above, at 2:15 a.m.
The CAUSE OF DEATH was as follows:Perniciou anemiaCONTRIBUTORY (SECONDARY) severe infection (duration) yrs. 4 mos. 4 ds.Pneumonia (duration) 4 yrs. 1 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Laboratory(Signed) Owette E Johnson M.D.(Address) Winthrop MassDate July 25 1922
(Month) (Day) (Year)19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Everett DATE OF BURIAL Feb 28-22
(Cemetery) (City or town)20 UNDERTAKER Frank E. Brown ADDRESS East BostonOfficial position Health Officer Date of issue of permit Feb 28/22 Permit No. 397

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (Retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem, etc., Carcinoma, Sarcoma, etc., of* (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile" etc.). "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

W. M. Washburn
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

26

City or Town

Winsten

No.

Fort Banks Hospital

St.

Ward

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

2 FULL NAME

Jackson

State Prison

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

74 Shirley St.

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

16 DATE OF DEATH

Feb

27

1922

(Month)

(Day)

(Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

17

I HEREBY CERTIFY, That I attended deceased from

Feb 27, 19*22*, to *Feb 27*, 19*22*

that I last saw him alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Stell born

6 DATE OF BIRTH

Feb-27-1922

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,..... hrs.

or mo.

If STILLBORN, enter that fact here

(Stillborn)

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *C. P. W. Layton*, M.D.

(Address) *Fort Banks Mass*

Date *Feb 28*, 19*22*
(Month) (Day) (Year)

10 NAME OF FATHER

Harry G. Jackson

11 BIRTHPLACE OF FATHER (City)

York Pa

(State or country)

12 MAIDEN NAME OF MOTHER

Virgie E. Spley

13 BIRTHPLACE OF MOTHER (City)

York Co Pa

(State or country)

14 Informant

Harry G. Jackson

(Address)

74 Shirley St Winsten

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winsten Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 3-1922

15

Filed *Mar 6 1922*
(Month) (Day) (Year)

REGISTRAR

20 UNDERTAKER

E. R. Perreman

ADDRESS

Winsten

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

Official position

Health Officer

Date of issue of permit

Mar 2/22

Permit No.

399

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Artist*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (*not* paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name first); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 99 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital"), "Saddle," "Irapse," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 93, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 93, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Essex State Mass. City or Town Danvers
 Registered No. 41 (City or town)
 Registered No. 27 (Place of death)
 No. Danvers State Hospital St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Daniel Thurston
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. State Mass. City or Town Winthrop No. St.
 (Usual place of abode)
 Length of residence in city or town where death occurred years months 13 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cannot be learned

6 DATE OF BIRTH (month, day, and year) Cannot be learned

7 AGE 73 Years Months Days If LESS than I day,.....hrs. or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Sailor
 (b) Name of employer

9 BIRTHPLACE (city or town) North Haven (State or country) Me.

PARENTS

10 NAME OF FATHER Solomon Thurston

11 BIRTHPLACE OF FATHER (city or town) Camden (State or country) Me.

12 MAIDEN NAME OF MOTHER Jane Calderwood

13 BIRTHPLACE OF MOTHER (city or town) North Haven (State or country) Me.

14 Informant Custis Roch (Address) Hathorne, Mass.

15 Filed 3-3- 1922 W. P. Peckham Registrar of city or town where death occurred
 Filed Mar 9, 19 22 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28, 1922.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1922, to Feb. 28, 1922, that I last saw him alive on Feb. 28, 1922, and that death occurred, on the date stated above, at 12.45A in. The CAUSE OF DEATH* was as follows:
Bronchopneumonia"primary"

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis autopsy

(Signed) Harvey M. Watkins, M.D.
 Address Hathorne, Mass.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Everett DATE OF BURIAL 3/2 1922

20 UNDERTAKER C. R. Benson ADDRESS Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report especially the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, θ yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dyskinesia* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs, meningea, peritonaeum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesenteric Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric disease causing death, 29 da.; Bronchopneumonia (secondary), 10 da.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely sym. tomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile, etc."), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUPERPERAL septicemia," "PUPERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winsted
(City or Town)

1 PLACE OF DEATH

County *Suffolk*State *Mass*

Registered No.

City or Town *Winsted*No. *88 Putnam St* St. *Ward*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Vincenzina Lampasona Petralia
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. *88 Putnam St*St. *Ward*

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Married*

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Luigi Petralia*

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

36

Years

Months

Days

If LESS than

1 day, hrs.

or mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*at home*

(h) Name of employer

9 BIRTHPLACE (City)

(State or country)

*Italy*10 NAME OF
FATHER*Giuseppe Lampasona*11 BIRTHPLACE OF
FATHER (City)

(State or country)

*Italy*12 MAIDEN NAME
OF MOTHER*Anna Di Vila*13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Italy

14

Informant

(Address)

*Louis Petralia**88 Putnam St*

15

Filed

Mar 9, 1922

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb
(Month)*28*
(Day)*1922*
(Year)

17

I HEREBY CERTIFY, That I attended deceased from

*Feb 20, 1922 to Feb 28, 1922*that I last saw her alive on *Feb 28, 1922*and that death occurred, on the date stated above, at *10 P. M.*

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis(duration) *1 yrs 6 mos* ds.CONTRIBUTORY
(SECONDARY)*La Grippe*

(duration) yrs mos. ds.

18 Where was disease contracted
if not at place of death?*at home*

Did an operation precede death?

No.

Date of

Was there an autopsy?

No.

What test confirmed diagnosis?

Phagmal tuberculin

(Signed)

P. B. Parker

, M. D.

(Address)

Winsted Mass.

Date

Mar
(Month)*1*
(Day)*1922*
(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winsted Winsted Mass
(Cemetery)

DATE OF BURIAL

3/3 - 1922

20 UNDERTAKER

E. R. Cannon

ADDRESS

Winsted

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

St. Mowery

Official position

Health Officer

Date of issue of permit

Feb 2-22

Permit No.

398

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. If or many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Artist, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia?"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *89 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestral," "Sable," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purpura septicæmia," "Purpura peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

The Commonwealth of Massachusetts

BOSTON

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Suffolk

Massachusetts

Registered No. 2030

(City or town)

County

State

(Place of death)

City or Town

Boston

No.

MASS. HOMEOP. HOSPT.

St.

Ward

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

2 FULL NAME

SAMUEL NATH

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

46 HAWTHORNE

St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MAR.

16 DATE OF DEATH (month, day, and year) FEB. 28, 19 22

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

JENNIE

17 I HEREBY CERTIFY, That I attended deceased from FEB. 21, 19 22, to FEB. 27, 19 22,

that I last saw him alive on FEB. 27, 19 22,

and that death occurred, on the date stated above, at 4.14 P. m.

The CAUSE OF DEATH* was as follows:

6 DATE OF BIRTH (month, day, and year) -----

7 AGE

60

Years

Months

Days

If LESS than 1 day, hrs. or min.

CARCINOMA OF RECTUM

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

FRUIT DEALER

(a) Trade, profession, or particular kind of work

(b) Name of employer

CONTRIBUTORY (SECONDARY)

9 BIRTHPLACE (city or town) (State or country)

AUSTRIA

(duration) yrs. mos. ds.

10 NAME OF FATHER

SIMON

18 Where was disease contracted if not at place of death?

11 BIRTHPLACE OF FATHER (city or town) (State or country)

AUSTRIA

Did an operation precede death? YES Date of FEB. 23 & 25

12 MAIDEN NAME OF MOTHER

ROSE -----

Was there an autopsy?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

AUSTRIA

What test confirmed diagnosis?

(Signed) H. M. POLLOCK, M.D. 19 22 (Address) FEB. 28

14 Informant (Address)

J. STENGEL

19 PLACE OF BURIAL, CREMATION, OR REMOVAL WOBURN (AUSTRIAN CEM)

DATE OF BURIAL FEB. 28 19 22

15. Filed MAR. 2, 19 22 E. W. M. Glenn Registrar of city or town where death occurred

Filed MAR. 25, 19 22 Registrar of city or town where deceased resided

20 UNDERTAKER

MANUEL STANETSKY

ADDRESS

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely sym-tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Eclampsy" ("Congential," "Senile, etc."), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the solo cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 36, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

29

City or Town

Wentworth

No.

Wentworth Hospital

St.

Ward

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

2 FULL NAME

Rose Alberta Chaplin

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

19 Seaman St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

6 DATE OF BIRTH

Feb 23 1922

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

X

1

6

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

Wentworth Mass

(State or country)

10 NAME OF FATHER

Albert L. Chaplin

11 BIRTHPLACE OF FATHER (City)

Laurens R.I.

(State or country)

12 MAIDEN NAME OF MOTHER

Alice P. Winthrop

13 BIRTHPLACE OF MOTHER (City)

Laurens Mass

(State or country)

14

Informant

Albert L. Chaplin

(Address)

19 Seaman St

15

Filed

Mar 9 1922

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 1 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb 24 1922 to March 1 1922

that I last saw her alive on March 1 1922

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH was as follows:

Premature birth 7ms.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Valvular lesion

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? 70 Date of

Was there an autopsy? 20

What test confirmed diagnosis?

(Signed) J. Sanford Taylor, M.D.

(Address) 36 Beacon

Date March (Friday) 3 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wentworth Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

3/1/22

20 UNDERTAKER

C. P. Bennett

ADDRESS

Wentworth

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

Official position

Health Officer

Date of issue of permit

3/4/22

Permit No.

400

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Chaplin
Mar 5 1922

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the misadventure near, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

302
 CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea

(City or town)

Registered No. 129

(Place of death)

Registered No. 30

(Place of residence)

1 PLACE OF DEATH

County Suffolk

State Mass.

City or Town Chelsea

No. Lafayette Hospital

St. Ward

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

2 FULL NAME Grover H. Cillis

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

City or Town Winthrop No. 432 Revere

St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 2 1888

7 AGE

33

3

Months

1

Days if LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Watchmaker

(b) Name of employer

9 BIRTHPLACE (city or town) Pawtucket, R.I. (State or country)

10 NAME OF FATHER Robert Cillis

11 BIRTHPLACE OF FATHER (city or town) St. Albans, Vt. (State or country)

12 MAIDEN NAME OF MOTHER Minnie Perkins

13 BIRTHPLACE OF MOTHER (city or town) Springfield, N.Y. (State or country)

14 Informant Robert Cillis

(Address) Winthrop

15 Filed Mar. 3, 1922 Registrar of city or town where death occurred

Filed April 10, 1922 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 3 1922

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1922 to Mar. 3, 1922

that I last saw him alive on Mar. 3, 1922

and that death occurred, on the date stated above, at 2.30 p.m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John M. Doran, M.D.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop, Winthrop

DATE OF BURIAL

19

20 UNDERTAKER

C.H. Faunce

ADDRESS

Chelsea

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery fremen*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Farmer*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, and causation CAUSING DEATH (the primary affection with respect to time and season), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely sym-tomatic), "Atrophy," "Collapse," "Convulsions," "Lability," "Congestive," "Senile," etc.), "Dropsy," "Edema," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purpura septicæmia," "Purpura peritonialis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . The shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

32

City or Town

Wentworth

No.

16

Moore St

Ward

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

2 FULL NAME

Edward - Creppon Cozens.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

252 Waverly St. Ave. Belmont

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

6

years

X

months

X

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

16 DATE OF DEATH

March

6th

1922.

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Kathleen T. Cozens

6 DATE OF BIRTH

Jan 19 - 1876

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

46

1

17

1 day,.....hrs.

or.....mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Salem Co. Coopers

(b) Name of employer

Suits & Sew. Park-Mat

17 I HEREBY CERTIFY, That I attended deceased from

Feb. 24

to

March 6, 1922

that I last saw him alive on

March 5, 1922.

and that death occurred, on the date stated above, at

4. A. M.

The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Salem Co. Coopers

(b) Name of employer

Suits & Sew. Park-Mat

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

Bronchial Asthma

9 BIRTHPLACE (City)

Phila Pa

(State or country)

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

Clinical

(Signed)

William J. Parker

, M.D.

(Address)

Wentworth, Mass.

Date

March 7th, 1922.

(Month)

(Day)

(Year)

14 Informant

Kathleen T. Cozens

(Address)

252 Waverly St. Ave. Belmont

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wentworth, Camels

(Cemetery)

(City or town)

DATE OF BURIAL

March 8-22

ADDRESS

15

Filed Mar. 9 1922
(Month) (Day) (Year)

REGISTRAR

20 UNDERTAKER

C. R. Bennett

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

St. Mary's

Official position Health Officer

Date of issue

March 7-22

Permit No.

402

instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative importance of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Seaman*, (b) *Colon mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Indozer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housework*, or *At home*, and children, not gainfully employed, as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *If dropping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "P^{ER}-P^{ER}N^EN^EL^E *septicemia*," "P^{ER}-P^{ER}N^EN^EL^E *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "p^{ri}-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death. Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

~~Winn~~ *Suffolk*State *Mass.*

Registered No.

33

City or Town

*Winthrop*No. *25**Harbor View Ave.*

St.

Ward

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

2 FULL NAME

Ida Ridgway

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *25 Harbor View Ave.*

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

*30*⁶

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Female**White**Widowed*

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*George P. Ridgway.*

6 DATE OF BIRTH

June 11, 1855.

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,..... hrs.

or..... mo.

*66**8**23*

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*At Home.*

(b) Name of employer

9 BIRTHPLACE (City)

Boston, Mass.

(State or country)

PARENTS

10 NAME OF
FATHER*William H. Skinnings*11 BIRTHPLACE OF
FATHER (City)*Halifax, N.S.*

(State or country)

12 MAIDEN NAME
OF MOTHER*Catherine E. Hartshorne*13 BIRTHPLACE OF
MOTHER (City)*Boston, Mass.*

(State or country)

14

Informant

(Address)

*Ethelind J. Ridgway
25 Harbor View Ave. Winthrop Mass.*

15

Filed

Mar. 27, 1922

(Month) (Day) (Year)

REGISTRAR

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

S. M. Mowery

16 DATE OF DEATH

March 6, 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

*Nov 7, 1921, to Mar 6, 1922*that I last saw *her* alive on *Feb 21, 1922*and that death occurred, on the date stated above, at *2:45* m.

The CAUSE OF DEATH was as follows:

Cerebral Paralysis(duration) yrs. *4* mos. *10* ds.CONTRIBUTORY
(SECONDARY)*arterio Sclerosis*(duration) *7* yrs. mos. ds.18 Where was disease contracted
if not at place of death?*at home*Did an operation precede death? *No* Date of.....Was there an autopsy? *No*What test confirmed diagnosis? *Chemical*(Signed) *Charles O. Thompson*, M.D.(Address) *179 Beacon St*Date *March 6, 1922*

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

*Walnut Hill, Brookline,
Mass.*

(Cemetery)

(City or town)

DATE OF BURIAL

Mar. 9, 1922

20 UNDERTAKER

Albert J. Watson

ADDRESS

*Milroe, Mass*Official
positionDate of
issue

of permit

*Mar 7*Permit
No.*401*

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of various pursuits is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Former or Present, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when necessary. As examples: (a) *Spinner, (b) Cotton mill; (c) Salesman, (b) Grocery; (d) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return *Self-laborer, Foreman, Manager, Dealer, etc.*, without more precise specification, as *Dog laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin. "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *99 da.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Ictericity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 98, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH *Wrentham*
 County *Suffolk* *Registered* State *Mass* Registered No. *34*
 City or Town *Wrentham* No. *Wrentham St* St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Fred. Harris Standeak*
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. *4350 Washington* St. _____ Ward. *(23) Roseland*
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred years months *14* days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male*
 4 COLOR OR RACE *White*
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

16 DATE OF DEATH *March 7 1922*
 (Month) (Day) (Year)

5a If married, widowed, or divorced
 HUSBAND of *Elmora Fossitt Standeak Feb 27*
 (or) WIFE of *1922 to March 7 1922*

17 I HEREBY CERTIFY, That I attended deceased from
 that I last saw him alive on *March 7 1922*
 and that death occurred, on the date stated above, at *3:35* m.
 The CAUSE OF DEATH was as follows:
acute myocarditis following
grippe

6 DATE OF BIRTH *May 20 1865*
 (Month) (Day) (Year)

7 AGE Years Months Days If LESS than
56 9 15 1 day, hrs.
 or min.

CONTRIBUTORY *chronic myocarditis*
 (SECONDARY) (duration) yrs mos. *14* ds.
 18 Where was disease contracted
 if not at place of death? *4350 Washington St Roseland*

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Manager Trusting Co*
 (b) Name of employer *Nealey Frisvold & Co*

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wrentham Cemetery*
 (Cemetery) *Wrentham* (City or town)
 DATE OF BURIAL *3/9-22*

9 BIRTHPLACE (City) *Waldoboro*
 (State or country) *Me*

10 NAME OF FATHER *Myles Standeak*

11 BIRTHPLACE OF FATHER (City) *Waldoboro*
 (State or country) *Me*

12 MAIDEN NAME OF MOTHER *Mary Creamer*

13 BIRTHPLACE OF MOTHER (City) *Waldoboro*
 (State or country) *Me*

14 Informant *Elmora Fossitt Standeak*
 (Address) *4350 Washington St Roseland*

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *Culture*

(Signed) *J. J. McNeil*, M.D.

(Address) *174 Wrentham St*

Date *March 8 1922*
 (Month) (Day) (Year)

15 Filed *Mar 27 1922*
 (Month) (Day) (Year) REGISTRAR

20 UNDERTAKER *C. R. Scudder*
 (City or town) *Wrentham*

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

Official position *Health Officer* Date of issue *3/8/22* Permit No. *403*
 of permit

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Greenery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phloetis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)
Registered No. 35

1 PLACE OF DEATH
County Suffolk State Mass.
City or Town Winthrop No. 13 Wickshire St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John T. Wickson
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence No. 13 Wickshire St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a If married, widowed or divorced HUSBAND of (or) WIFE of Emma Wickson
6 DATE OF BIRTH cannot be learned
(Month) (Day) (Year)
7 AGE Years _____ Months _____ Days _____
If LESS than 1 day, _____ hrs. or _____ min.
If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Boasting Engineer
(b) Name of employer _____

9 BIRTHPLACE (City) England
(State or country)

10 NAME OF FATHER cannot be learned
11 BIRTHPLACE OF FATHER (City) England
(State or country)
12 MAIDEN NAME OF MOTHER cannot be learned
13 BIRTHPLACE OF MOTHER (City) England
(State or country)

14 Informant Harry Wickson
(Address) 13 Wickshire St

15 Filed Mar 27 1922
(Month) (Day) (Year)
REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 8 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1922, to March 8, 1922, that I last saw him alive on March 8, 1922, and that death occurred, on the date stated above, at 2:40 P. m.
The CAUSE OF DEATH was as follows:
Carcinoma of lung (metastatic)

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Pleurocy with effusion
(SECONDARY)
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? yes Date of 1919

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) J. J. Mahoney, M.D.
(Address) 356 Winthrop St
Date March 9 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery
(Cemetery) (City or town) DATE OF BURIAL Mar 10 1922

20 UNDERTAKER John F. O'Malley ADDRESS Winthrop

Official position Health Officer Date of issue of permit Mar 9 1922 Permit No. 404

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carbuncle*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Premia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always perubally all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchest
(City or Town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 36
City or Town Winchester No. 150 Dunway ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Dexter Wotton
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 150 Dunway ave St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Lena May Wotton
(or) WIFE of _____

6 DATE OF BIRTH July 7 1869
(Month) (Day) (Year)

7 AGE Years _____ Months 8 Days 3 If LESS than 1 day, _____ hrs, or _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tram Man
(b) Name of employer B. & M. R. R.

9 BIRTHPLACE (City) Walden
(State or country) me

10 NAME OF FATHER Eben. W. Wotton

11 BIRTHPLACE OF FATHER (City) Walden
(State or country) me

12 MAIDEN NAME OF MOTHER Elycia Manning

13 BIRTHPLACE OF MOTHER (City) Walden
(State or country) me

14 Informant Wife, Lena M. Wotton
(Address) 150 Dunway ave Winchester

15 Filed Mar. 27 1922
(Month) (Day) (Year) REGISTRAR _____

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

J. A. Mower

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 10 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1 1922, to March 10 1922,
that I last saw him alive on Mar. 9th, 1922,
and that death occurred, on the date stated above, at 8.2 a.m.
The CAUSE OF DEATH was as follows:

Lobar Pneumonia(duration) _____ yrs. _____ mos. 8 ds.

CONTRIBUTORY Pleurisy
(SECONDARY) (duration) _____ yrs. _____ mos. 9 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no. Date of _____

Was there an autopsy? no

What test confirmed diagnosis? clinical
(Signed) William J. Porter, M.D.
(Address) Winchester, Mass.
Date March 11 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Pine Grove Coffeyfield Mass
(Cemetery) (City or town)

DATE OF BURIAL Mar 12-22

20 UNDERTAKER O. R. Beaman ADDRESS Winchester

Official position Health Officer Date of issue of permit 3/11/22 Permit No. 405

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Artist, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia ("Pneumonia, "unqualified," is indefinite); Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer," is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary); 10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purpura septica," "Purpura peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: *Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.*

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application, make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSThe Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATHWinthrop
BOSTON
(City or Town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. **37**
City or Town **Winthrop** No. **5 Pearl Ave** St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Full Name **Robert C. Daly** (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence No. **5 Pearl** St. _____ Ward _____ (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred **4** years **7** months **1** days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6 DATE OF BIRTH **Aug 11 1921**
(Month) (Day) (Year)
7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
4 **7** **1**
If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

9 BIRTHPLACE (City) (State or country)

Winthrop mass

10 NAME OF FATHER

Robert C. Daly

11 BIRTHPLACE OF FATHER (City) (State or country)

Boston mass

12 MAIDEN NAME OF MOTHER

Elizabeth D. Nagle

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

Boston mass

14 Informant (Address)

Robert C. Daly
5 Pearl Ave Winthrop15 Filed **Mar. 27 1922**
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **March 12 1922**
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from **March 7 1922**, to **Mar. 12 1922**, that I last saw him alive on **Mar. 12 1922**, and that death occurred, on the date stated above, at **7:50 p.m.**
The CAUSE OF DEATH was as follows:
Influenza at Laryngeal Diphtheria
(duration) _____ yrs. _____ mos. **5** ds.
CONTRIBUTORY (SECONDARY) **Laryngitis**
(duration) _____ yrs. _____ mos. **5** ds.
18 Where was disease contracted if not at place of death? _____ FOR WHAT?
Did an operation precede death? **no.** Date of _____
Was there an autopsy? **no.**
What test confirmed diagnosis? **Clinical**
(Signed) **William J. Parke**, M.D.
(Address) **Winthrop, Mass.**
Date **Mar. 16 1922**
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop DATE OF BURIAL **Mar 14 1922**
(Cemetery) (City or town) ADDRESS

20 UNDERTAKER

W. J. Cassidy BostonOfficial position **Health Officer** Date of issue **3/18/22** Permit No. **416**
of permit21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued **S. A. Mourry**

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (d) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not finally employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (Name first); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthema," "Anoxia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Delirium," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemiplegia," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "P^{er}-ip^{er}al septicemia," "P^{er}ip^{er}al peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectman for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or Town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 38
City or Town Winthrop Boston No. 36 Trident Ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lawrence J. Kiernan
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 36 Trident Ave Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married16 DATE OF DEATH March 12, 1922
(Month) (Day) (Year)5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____Mary E. Kiernan
March 3, 1922 to March 12, 19226 DATE OF BIRTH Oct 11, 1868
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from
March 3, 1922 to March 12, 1922
that I last saw him alive on March 12, 1922
and that death occurred, on the date stated above, at 9:30 A.M.
The CAUSE OF DEATH was as follows:
Lobar pneumonia7 AGE Years 53 Months 5 Days 1 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
(b) Name of employer _____CONTRIBUTORY In subacute pleuritis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.
(duration) _____ yrs. _____ mos. _____ ds.9 BIRTHPLACE (City) Boston
(State or country) Mass18 Where was disease contracted if not at place of death? FOR WHAT?10 NAME OF FATHER Lawrence KiernanDid an operation precede death? _____ Date of no11 BIRTHPLACE OF FATHER (City) Ireland
(State or country)Was there an autopsy? no12 MAIDEN NAME OF MOTHER Johnna Connor

What test confirmed diagnosis? _____

13 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)(Signed) C. J. McCardle, M.D.(Address) 36 Winthrop St
March 14, 1922
Date (Month) (Day) (Year)14 Informant Mrs. Mary E. Kiernan
(Address) 36 Trident Ave19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross, Malden
(Cemetery) (City or town) DATE OF BURIAL March 15, 192215 Filed Mar. 27, 1922
(Month) (Day) (Year) REGISTRAR20 UNDERTAKER C. J. McCardle ADDRESS Same

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

S. A. Mowry
Official position, Health Officer Date of issue of permit 3/16/22 No. 4207

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Artist, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.; Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give the cause of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the certificate is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

R-302
 carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Lakerville
 (City or town)

1 PLACE OF DEATH
 County Suffolk State Mass
 City or Town Lakerville No. State Sanatorium St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME William Thomas McLaughlin
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. State Mass City or Town Wentworth No. 15 Ware Way St. Wentworth
 (Usual place of abode)
 Length of residence in city or town where death occurred years 3 months 29 days How long in U. S., if of foreign birth? years _____ months _____ days

Registered No. 313
 (Place of death)

Registered No. 50
 (Place of residence)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6 DATE OF BIRTH (month, day, and year) Feb. 6, 1879
 7 AGE 23 Years 1 Months 7 Days If LESS than 1 day, _____ hrs. or _____ min.

16 DATE OF DEATH (month, day, and year) Mar. 13, 1922
 17 I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1922, to Mar. 13, 1922, that I last saw him alive on Mar. 13, 1922, and that death occurred, on the date stated above, at 12:15 p.m.
 The CAUSE OF DEATH* was as follows:

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)
Tuberculosis pulmonalis
 (duration) _____ yrs. 6 mos. _____ ds.

If STILLBORN, enter that fact here _____
 8 OCCUPATION OF DECEASED, (a) Trade, profession, or particular kind of work Cook (b) Name of employer _____

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) Boston (State or country) Mass
 10 NAME OF FATHER James McLaughlin
 11 BIRTHPLACE OF FATHER (city or town) Wentworth (State or country) Mass
 12 MAIDEN NAME OF MOTHER Mary Leonard
 13 BIRTHPLACE OF MOTHER (city or town) Wentworth (State or country) Mass

18 Where was disease contracted if not at place of death? _____
 Did an operation precede death? No Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? Positive, sputum
 (Signed) W. J. ... M.D.
413, 1922 (Address) Wentworth

14 Informant State Sanatorium (Address) _____

19 PLACE OF BURIAL, CREMATION, OR REMOVAL New Burial Ground, West Roxbury DATE OF BURIAL Mar. 16, 1922

15 Filed Mar. 14, 1922 Ernest G. ... Registrar of city or town where death occurred
 Filed Apr. 14, 1922 _____ Registrar of city or town where deceased resided

20 UNDERTAKER Wm. Egger ADDRESS Wentworth

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

Winthrop
~~BOSTON~~
(City or Town)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

39

City or Town

Winthrop

No.

Metals Hospital

St.

1 Ward

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

2 FULL NAME

Stillborn Scott

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

26 Beacon St.

St.

Ward.

Winthrop Mass.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

S

16 DATE OF DEATH

March

16

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

March 16, 1922 to 3/16, 1922

that I last saw him alive on March 16, 1922

and that death occurred, on the date stated above, at 8:10 A.M.

The CAUSE OF DEATH was as follows:

Stillborn
Breech presentation

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

6 DATE OF BIRTH

March 16 -

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

Stillborn

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

Winthrop Mass.

(State or country)

10 NAME OF FATHER

Israel Scott

11 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

12 MAIDEN NAME OF MOTHER

Ruth Lath

13 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

14 Informant

Israel Scott

(Address)

26 Beacon St Winthrop

15 Filed

Mar 27 1922

(Month) (Day) (Year)

REGISTRAR

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Emerald St. Norburie Mass

(Cemetery)

(City or town)

DATE OF BURIAL

March 16 - 1922

20 UNDERTAKER

Jacob H. Levine

ADDRESS of undertaker

57 Fowlers

Official position Health Officer

Date of issue of permit

March 16/22

Permit No.

408

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.— Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary steamman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocer*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housework*, or *At home*, and children, not gainfully employed, as *Housewife, Housework*, or *At home*, and children, not gainfully employed, the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc. *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant origin; "Neuritis, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *99 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 28, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

R-302
 N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
 20,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea
 (City or town)

Registered No. 180
 (Place of death)
 Registered No. 40
 (Place of residence)

1 PLACE OF DEATH
 County Suffolk State Mass.
 City or Town Chelsea No. Frost Hospital St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Adams
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. State Mass. City or Town Winthrop No. 148 Bartlett Rd. St.
 (Usual place of abode)
 Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of
 6 DATE OF BIRTH (month, day, and year) Mar. 17, 1922
 7 AGE Years Months Days If LESS than 1 day, hrs. or min.

16 DATE OF DEATH (month, day, and year) Mar. 17 1922
 17 I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1922, to March 17, 1922, that I last saw him alive on 19, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:

If STILLBORN, enter that fact here Stillborn
 8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) Name of employer

Stillborn--Premature
 (duration) yrs. mos. ds.
 CONTRIBUTORY Melampsia of Mother (SECONDARY)
 (duration) yrs. mos. ds.

9 BIRTHPLACE (city or town) Chelsea (State or country)
 10 NAME OF FATHER Edward E. Adams
 11 BIRTHPLACE OF FATHER (city or town) Milford (State or country)
 12 MAIDEN NAME OF MOTHER Mary E. Nelson
 13 BIRTHPLACE OF MOTHER (city or town) Halifax 3 (State or country)

18 Where was disease contracted if not at place of death?
 Did an operation precede death? Date of
 Was there an autopsy?
 What test confirmed diagnosis?
 (Signed) H. A. Kelly M.D.
 17/22 (Address) 200 Pleasant St., Winthrop

14 Informant Edward E. Adams (Address) 148 Bartlett Rd., Winthrop
 15 Filed Mar. 17, 1922 Registrar of city or town where death occurred
 Filed Apr. 10, 1922 Registrar of city or town where deceased resided

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross, Malden DATE OF BURIAL Mar. 18, 1922
 20 UNDERTAKER John F. O'Malley ADDRESS Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person. Inexpensive of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *89 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asbestia," "Anemia" (merely sym.omatic), "Atrophy," "Colicagee," "Coma," "Convulsions," "Lebilia" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL *septicemia*," "PERIPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The presence of the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

PHYSICIANS should state CAUSE OF DEATH EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wendell
(City or Town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *41*
City or Town *Wendell* No. *65 Freeman St* St. *Ward*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *John Mc Kenzie*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *65 Freeman St* St. *Ward*.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *7* years months days. How long in U. S., if of foreign birth? *25* years months days

| PERSONAL AND STATISTICAL PARTICULARS | | | |
|--|---------------------------------|--|------|
| 3 SEX <i>Male</i> | 4 COLOR OR RACE <i>White</i> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i> | |
| 5a If married, widowed, or divorced - HUSBAND of <i>Ellen Mc Kenzie</i> (or) WIFE of | | | |
| 6 DATE OF BIRTH <i>Mar 20th 1848</i> (Month) (Day) (Year) | | | |
| 7 AGE <i>74</i> | Years | Months | Days |
| If LESS than 1 day, hrs. or min. | | | |
| 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Retired</i> (b) Name of employer | | | |
| 9 BIRTHPLACE (City) <i>Cape Breton</i> (State or country) | | | |
| 10 NAME OF FATHER <i>Kenneth Mc Kenzie</i> | | | |
| 11 BIRTHPLACE OF FATHER (City) <i>Cape Breton</i> (State or country) | | | |
| 12 MAIDEN NAME OF MOTHER <i>Jane Mc Kenzie</i> | | | |
| 13 BIRTHPLACE OF MOTHER (City) <i>Cape Breton</i> (State or country) | | | |

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 16 DATE OF DEATH <i>Mar 19 1922</i> (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended deceased from <i>14th Mar 1922</i> , to <i>19th Mar 1922</i> , that I last saw h. <i>in</i> alive on <i>19th Mar 1922</i> , and that death occurred, on the date stated above, at <i>4³⁰ am</i> m. |
| The CAUSE OF DEATH was as follows: <i>Myocarditis</i> <i>Broncho pneumonia</i> | |
| (duration) yrs. mos. <i>10</i> ds. | |
| CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. | |
| 18 Where was disease contracted if not at place of death? <i>—</i> | |
| Did an operation precede death? <i>no</i> Date of | |
| Was there an autopsy? <i>no</i> | |
| What test confirmed diagnosis? <i>clinical exam</i> (Signed) <i>W. M. Kelly</i> M.D. (Address) <i>174 W. Main St. W. Mass.</i> Date <i>Mar 20 1922</i> (Month) (Day) (Year) | |

| | | |
|---|---|-----------------------------------|
| 14 Informant <i>Daughter Mrs Campbell</i> (Address) <i>16 Madison Ave. Wendell</i> | 19 PLACE OF BURIAL, CREMATION, OR REMOVAL <i>Wendell Cemetery</i> (Cemetery) <i>City or town</i> | DATE OF BURIAL <i>Mar 21/1922</i> |
| 15 Filed <i>Mar 28 1922</i> (Month) (Day) (Year) REGISTRAR | 20 UNDERTAKER <i>W. M. Kelly</i> | ADDRESS <i>Wendell</i> |

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *W. M. Kelly*
Official position *Health Officer* Date of issue of permit *3/21/22* Permit No. *419*

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name of organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Influenza," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate from the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wendrop
(City or Town)

1 PLACE OF DEATH

County _____ State _____ Registered No. *42*
City or Town *Wendrop* No. *67 Thornton Pk* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Charles O. Brown
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *67 Thornton Pk St.* Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Hattie M.*

6 DATE OF BIRTH *March 29 1860*
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ mo.
61 11 22

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Railroad Inspector* (b) Name of employer _____

9 BIRTHPLACE (City) *Rockland* (State or country) *me.*

10 NAME OF FATHER *Orlando E. Brown*

11 BIRTHPLACE OF FATHER (City) *Lincolnville* (State or country) *Maine*

12 MAIDEN NAME OF MOTHER *Mary E. Wiggins*

13 BIRTHPLACE OF MOTHER (City) *Rockland* (State or country) *Maine*

14 Informant *Mrs. Hattie M. Brown* (Address) *67 Thornton Pk.*

15 Filed *Mar 28 1922* (Month) (Day) (Year) REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 22 1922*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *1 year*, 19 *20*, to *March 22*, 19 *22*, that I last saw h. *in* alive on *March 22*, 19 *22*, and that death occurred, on the date stated above, at *7:45 p.* m.

The CAUSE OF DEATH was as follows: *Chronic Endocarditis mitral valve, chronic myocarditis*

(duration) *1* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. mos. ds.

18 Where was disease contracted if not at place of death? *not known*

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *clinical* (Signed) *W. M. Kelley*, M.D.

(Address) *174 W. Middle St. Middlesex* Date *March 23 1922* (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wendrop* DATE OF BURIAL *March 26 1922* (Cemetery) (City or town)

20 UNDERTAKER *Frank E. Brown* ADDRESS *E. Boston*

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *St. Mowry* Official position _____ Date of issue *March 27* Permit No. *413*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.— Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Former* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery firmman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report officially the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If relieved from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never meninges?); *Typhoid pneumonia*?; *Labor pneumonia*; *Bronchopneumonia* (report "Typhoid pneumonia," if indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Coremia*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic solitary heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meninges* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Colic," "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Hemorrhage," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Influenza," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
 (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
 FROM THE LAWS OF THE
 COMMONWEALTH OF MASSACHUSETTS
 GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 1, as amended by Acts of 1910, Chap. 752.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or if he thereto certifies as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 43
City or Town Boston No. 22 St. North Ward 4
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bidget Sarah Thompson
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 22 St. North Ward 4
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Andrew Thompson

6 DATE OF BIRTH Aug 14 1854
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
67 7 8

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer Housewife

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

10 NAME OF FATHER John Lyons

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

12 MAIDEN NAME OF MOTHER Catherine Madden

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

14 Informant Mrs Coffey (Address) Home at 22 North

15 Filed Mar 25 1922 (Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 22 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1922, to March 22 1922.
that I last saw h. alive on March 22, 1922, and that death occurred, on the date stated above, at 10:00 m.
The CAUSE OF DEATH was as follows:

Obviation of lungs
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Chronic nephritis (SECONDARY)
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____
Did an operation precede death? FOR WHAT? Date of _____

Was there an autopsy? _____
What test confirmed diagnosis? _____

(Signed) James W. Kelly M.D.
(Address) 200 Pleasant St
Date March 23 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross (Cemetery) Malden (City or town) DATE OF BURIAL March 1922

20 UNDERTAKER C. C. Rollins ADDRESS C. Boston

Official position Health Officer Date of issue 3/24/22 Permit No. 4

will be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Cool mine*, etc. Women at home, who are engaged in the duties of the housewife, etc. Women at home, who receive a definite salary, may be held only (not paid *Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report precisely the occupations of persons engaged in domestic service for wages, as *Severed, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never mention "Typhoid pneumonia's"); *Lobar pneumonia*; *Bronchopneumonia* report "Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asbestia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Dobility" ("Comatose"), "Senile," "Insipid," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health; or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wendust
(City or Town)

1 PLACE OF DEATH

County *Suffolk*State *Mass*Registered No. *414*City or Town *Wendust*No. *274 Bowden St* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME *Frances Cox Grosvenor*

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *274 Bowden St*

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *12* years *x* months *x* days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Single*

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Sept 17 = 1880
(Month) (Day) (Year)

7 AGE

Years

Months

Days

If LESS than

*41**5**5*

1 day, hrs.

or mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*at Home*

(b) Name of employer

9 BIRTHPLACE (City)

Peabody

(State or country)

Mass

10 NAME OF FATHER

Daniel Prescott Grosvenor

11 BIRTHPLACE OF FATHER (City)

Paxton

(State or country)

Mass

12 MAIDEN NAME OF MOTHER

Mary Smith

13 BIRTHPLACE OF MOTHER (City)

Woodstock

(State or country)

Vermont

14

Informant

Mrs. M. S. Grosvenor (Mother)(Address) *274 Bowden St Wendust Mass*

15

Filed

Mar 25 1922

(Month) (Day) (Year)

REGISTRAR

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

S. P. Brown

Official position

Collector

Date of issue of permit

3/20/22

Permit No.

41

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 22 1922
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from

*July 20, 1922, to March 22, 1922*that I last saw him alive on *Mar 22, 1922*and that death occurred, on the date stated above, at *3:45 P* m.

The CAUSE OF DEATH was as follows:

Septic Endocarditis

CONTRIBUTORY (SECONDARY)

Chronic Valvular (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Heart Disease (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of _____Was there an autopsy? *no*What test confirmed diagnosis? *Clinical*

(Signed)

Orville E. Johnson, M.D.

(Address)

Wendust Mass

Date

Mar 23 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wendust(Cemetery) *Wendust* (City or town)

DATE OF BURIAL

Mar 25 1922

20 UNDERTAKER

C. R. Johnson

ADDRESS

Wendust

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

Official position

Collector

Date of issue of permit

3/20/22

Permit No.

41

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Cool* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis*; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name or site); "Cancer" is less definite; avoid use of "tumor" for malignant origin; *Malaria*; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomato), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestial," "In-lapse," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or a person who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 83, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

North
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

45

City or Town

Woburn

No.

*29**Johnson Ave*

St.

Ward

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

2 FULL NAME

Alice Keefer Peck

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *79 Johnson Ave*
(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

27 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*widow*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

June 27 1850

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.
or.....min.*71*

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*at home*

(b) Name of employer

9 BIRTHPLACE (City)

Plymouth

(State or country)

*Mass*10 NAME OF
FATHER*John Keefer*11 BIRTHPLACE OF
FATHER (City)*Plymouth*

(State or country)

*Mass*12 MAIDEN NAME
OF MOTHER*Mary Cummings*13 BIRTHPLACE OF
MOTHER (City)*Plymouth*

(State or country)

Mass

14

Informant

Mrs Alice May 92

(Address)

79 Johnson Ave

15

Filed

Mar 28 1922

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 23 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

*January 1922, to March 20 1922*that I last saw him alive on *March 20 1922*and that death occurred, on the date stated above, at *9:40 a.m.*

The CAUSE OF DEATH was as follows:

*Valvular disease of heart
Angina Pectoris*(duration) *2* yrs. *3* mos. *3* ds.CONTRIBUTORY
(SECONDARY)*Arterio sclerosis*(duration) *3* yrs. *—* mos. *—* ds.18 Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date of.....Was there an autopsy? *no*What test confirmed diagnosis? *Physical signs, necropsy*(Signed) *Homer J. Soule*, M.D.(Address) *190 W. Water St. Woburn, Mass*Date *March 24 1922*

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woburn

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 26 - 1922

20 UNDERTAKER

Carl E. Johnson

ADDRESS

Woburn

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

S. P. Mayors

Official position

Health Officer

Date of issue of permit

3/25/22

Permit No.

412

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "meningitis"); "unqualifies"; *Lobar pneumonia*; *Bronchopneumonia* report "Typhoid pneumonia"; *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name); "Cancer" is less definite; avoid use of "Tumor" for malignant origin; "Gonorrhea" is less definite; avoid use of "Tumor" for malignant origin; "Menses" is less definite; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or indirect) affection need not be stated unless important. Example: current) affection need not be stated unless important. Example: *Menses* (disease causing death), *99 ds.*; *Bronchopneumonia* (secondary), such as *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia," "Debility" ("Congenital," "Senile," "Coma," "Convulsions," "Heart failure," "Hemorrhage," "Impares," "Exhaustion," "Old age," "Shock," "Uremia," "Weakness," "nition," "Marasmus," "Old age," "Stroke," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal *septicemia*," "Prenatal *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 146, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make up the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wenatch
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

46

City or Town

Wenatch

No.

Medical Hospital

St.

Ward

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

2 FULL NAME

Alice Mary Stone

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 32 Locust
(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

22 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

May 6 1882

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than
1 day,.....hrs.
or.....min.

39

7

19

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Clerk

(b) Name of employer

Standard Oil Co. Boston

9 BIRTHPLACE (City)

Boston

(State or country)

Mass

10 NAME OF
FATHER

Chas O. Stone

11 BIRTHPLACE OF
FATHER (City)

Sweden

(State or country)

12 MAIDEN NAME
OF MOTHER

Matilda Ehrenholm

13 BIRTHPLACE OF
MOTHER (City)

Sweden

(State or country)

14

Informant

Matilda Stone "mother"

(Address)

100 S. Main St. Wenatch

15

Filed

Mar 28 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

S. A. Mooney

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jul
(Month)25
(Day)1922
(Year)

17

I HEREBY CERTIFY, That I attended deceased from

1916, 19, to Jul 25, 1922

that I last saw him alive on Jul 25, 1922,

and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH was as follows:

Febrile fibrinoid multipol of uterus
triple

CONTRIBUTORY

(SECONDARY)

lungs

Fibrinoid not known
(duration) yrs. mos. ds.Multiple tuberculosis of
lungs (duration) 6 yrs. mos. ds.18 Where was disease contracted
if not at place of death?

work

Did an operation precede death? yes

Date of Jul 24 1922

Was there an autopsy? no

What test confirmed diagnosis?

operation

(Signed)

B. J. Metcalf

M.D.

(Address)

174 W. Main St. Wenatch

Date

Jul
(Month)26
(Day)1922
(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wenatch

(Cemetery)

Wenatch (City or town)

DATE OF BURIAL

3/27-1922

20 UNDERTAKER

C. R. Benson

ADDRESS

Wenatch

Official
position

Health Officer

Date of
issue
of permit

3/27/22

Permit

No. 414

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Artist, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the province for the latter statement; it and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*. (a) *Salesman*, (b) *Grocery*. (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the housewife only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never mention "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum*, etc.; *Carcinoma, Sarcoma*, etc., etc. (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Meningis: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meningis (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. NEVER qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chills, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, which last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or by the selectmen for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 47
City or Town North Boston No. 38 Underhill St. North Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William Dingwell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 38 Underhill St. North Ward North
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a If married, widowed, or divorced
HUSBAND of Annie Dingwell
(or) WIFE of6 DATE OF BIRTH Nov 24 1859
(Month) (Day) (Year)7 AGE Years Months Days If LESS than 1 day, hrs. or min.
62 4 3

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shipyard doc
(b) Name of employer9 BIRTHPLACE (City) Prine Edward Island
(State or country)10 NAME OF FATHER Charles Dingwell11 BIRTHPLACE OF FATHER (City) Prine Edward Island
(State or country)12 MAIDEN NAME OF MOTHER Elizabeth Dingwell13 BIRTHPLACE OF MOTHER (City) Prine Edward Island
(State or country)14 Informant Mrs Annie Dingwell
(Address) 38 Underhill St North15 Filed April 1, 1922
(Month) (Day) (Year) REGISTRAR

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

J. C. Mowry
2141

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 27 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1922 to Mar 27, 1922
that I last saw h... alive on Mar 26th, 1922
and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH was as follows:

Chronic Nephritis(duration) 4 yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted 2
if not at place of death?Did an operation precede death? no FOR WHAT? Date of —Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George M. Muttart, M.D.(Address) 118 Princeton St E. BostonDate March 29 1922
(Month) (Day) (Year)19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Everett
(Cemetery) (City or town) DATE OF BURIAL March 27 192220 UNDERTAKER C. J. Rollins ADDRESS 231 ...Official position Health Officer Date of issue of permit 3/30/22 Permit No. 415

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeeper, or At home, and children, not gainfully entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonæum, etc., Carcinoma, Sarcoma, etc., etc.* (name origin; *Cancer* is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scoble," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Ins-tition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness, etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information when give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or the agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, by the agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; oth-erwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winsted
(City or Town)

1 PLACE OF DEATH

County Suffolk State Mass Registered No. 48
City or Town Winsted No. # 79 Freemont St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lucy Desjardins

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No. 79 Freemont St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ of Adolphe Desjardins
(or) ~~WIFE of~~

6 DATE OF BIRTH Nov 24 - 1851
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day.....hrs. ormin.
70 4 5

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer

9 BIRTHPLACE (City) (State or country)

10 NAME OF FATHER unable to obtain
11 BIRTHPLACE OF FATHER (City) (State or country) " " "
12 MAIDEN NAME OF MOTHER " " "
13 BIRTHPLACE OF MOTHER (City) (State or country) " " "

14 Informant Emanuele English
(Address) 79 Freemont St - Winsted

15 Filed April 1, 1922
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 29th 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 27, 1922, to Mar 29, 1922 that I last saw her alive on Mar 29, 1922 and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH was as follows:
Myocarditis following chronic interstitial nephritis & chronic uraemic sclerosis
(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY acute Myocarditis
(SECONDARY) uraemic (duration) 0 yrs. 14 mos. 0 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of _____

Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) S. N. Mitchell, M.D.
(Address) 174 North Winsted Mass
Date Mar 30, 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winsted Mass
(Cemetery) " " (City or town) DATE OF BURIAL Mar 31 - 1922

20 UNDERTAKER Chas R Benjamin ADDRESS Winsted

Official position Health Officer Date of issue of permit 3/31/22 No. 415

R-301 should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Plowder, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Strimmer, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory, The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household, are entered as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or even up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever write *None.**

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds., Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia," "Convulsions," "Heart failure," "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as: "Prenatal septicaemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the settlement for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

49

City or Town

Boston

No.

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

St.

Ward

2 FULL NAME

Mary J. Boyle

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

22 Ashley St. East Boston, Mass

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

March 31, 1922

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or 3 min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

None

(b) Name of employer

9 BIRTHPLACE (City)

Winthrop, Mass

(State or country)

10 NAME OF
FATHER

Francis W. Boyle

11 BIRTHPLACE OF
FATHER (City)

Cambridge, Mass

(State or country)

12 MAIDEN NAME
OF MOTHER

Josephine M. Cahen

13 BIRTHPLACE OF
MOTHER (City)

East Boston, Mass

(State or country)

14

Informant

Francis W. Boyle

(Address)

22 Ashley St. East Boston

15

Filed

April 1, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

J. A. Mayne

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 30 1922

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Mar 30, 1922 to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Strangled cord -
full term - forcep
delivery

(duration) 3 minutes ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death? FOR-WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) E. B. O'Neil, M.D.

(Address)

22 Ashley St.

Date

Mar 30 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 31, 1922

20 UNDERTAKER

William G. Leonard

Address East Boston

Official
position

Health Officer

Date of
issue

3/31/22

Permit
No.

419

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Dwight D. Wickham 30 1922

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Springer*, (b) *Collon mill*, (c) *Salesman*, (d) *Gracery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *Name*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral meningitis*, *fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin, *pertussis*, *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *neoplasms*); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Assthemia," "Anæmia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Delirium" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Icterus," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.

The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 43.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or Town)

1 PLACE OF DEATH

County Suffolk State Mass Registered No. 55
City or Town Wentworth No. 84 Herron St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Lucinda Floyd
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 84 Herron St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|---------------------------------|--|------------------|---|
| 3 SEX <u>Female</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> | | |
| 5a If married, widowed, or divorced HUSBAND of <u>Lucius Floyd</u> (or) WIFE of <u> </u> | | | | |
| 6 DATE OF BIRTH <u>Nov 27 1844</u> (Month) (Day) (Year) | | | | |
| 7 AGE | Years <u>80</u> | Months <u>4</u> | Days <u>7</u> | If LESS than 1 day..... hrs. or mo. |
| If STILLBORN, enter that fact here | | | | |

| | |
|---|----------------|
| 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) Name of employer | <u>At Home</u> |
|---|----------------|

| | |
|---|----------------------|
| 9 BIRTHPLACE (City) (State or country) | <u>Brooklyn N.Y.</u> |
|---|----------------------|

| | |
|--|---|
| 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (City) (State or country) | <u>James G. Asborn</u> <u>Long Island N.Y.</u> |
| 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (City) (State or country) | <u>Mary E. Combs</u> <u>N. York N.Y.</u> |

| | |
|---------------------------|---|
| 14 Informant (Address) | <u>Charles P. Floyd</u> <u>Wentworth, Mass</u> |
|---------------------------|---|

| | | | |
|----------------------------------|--------------------|-----------|---------------------|
| 15 Filed (Month) (Day) (Year) | <u>Apr 16 1922</u> | REGISTRAR | <u>J. R. Murray</u> |
|----------------------------------|--------------------|-----------|---------------------|

| | |
|---|---------------------|
| 21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. | <u>J. R. Murray</u> |
|---|---------------------|

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 3 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 1910, 19....., to April 3 1922, that I last saw h. 12 alive on April 3 1922, and that death occurred, on the date stated above, at 5:50 P. m.

The CAUSE OF DEATH was as follows:

Chronic myocardiitis
chronic anemia (secondary to what unknown)
(duration) 2-3 yrs. mos..... ds.

CONTRIBUTORY (SECONDARY) (duration) yrs..... mos..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical
(Signed) Biombeck M.D.(Address) 174 W. Wentworth
Date April 4 1922
(Month) (Day) (Year)

| | | | |
|---|------------------|----------------|-------------------|
| 19 PLACE OF BURIAL, CREMATION, OR REMOVAL (Cemetery) | <u>Wentworth</u> | DATE OF BURIAL | <u>April 5-22</u> |
|---|------------------|----------------|-------------------|

| | | | |
|---------------|-----------------------|---------|--------------------|
| 20 UNDERTAKER | <u>Frank E. Brown</u> | ADDRESS | <u>East Boston</u> |
|---------------|-----------------------|---------|--------------------|

Official position Health Officer Date of issue 4/5/22 Permit of permit 418 No. 418

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Yankee*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Electric engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*; (a) *Laborer*, (b) *Foreman*; (a) *Manager*, (b) *Dealer*, etc., without return "The material worked on forms part of the second statement. Never more precise specification, as *Day laborer*, *Form laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less defining; *avoid use of "Tumor"* for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptoms), "Atrophy," "Senile," "Lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Dementia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, a satisfactory written statement and recorded, which shall be the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. . . . If there is no attending physician, or if, for sufficient reason, he is insufficient, a physician obtained early enough for the purpose, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

57

City or Town

Boston Winthrop

441 Winthrop St

St.

Ward

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

2 FULL NAME

Albert F. Teixeira 441 Winthrop St

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

441 Winthrop

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

6

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

9

5

1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)East Boston
Mass.10 NAME OF
FATHER

Benjamin E.

11 BIRTHPLACE OF
FATHER (City)East Boston
Mass.

(State or country)

12 MAIDEN NAME
OF MOTHER

Hortencia Silva

13 BIRTHPLACE OF
MOTHER (City)East Boston
Mass.

(State or country)

14 Informant

Benjamin Teixeira

(Address)

441 Winthrop & Winch

15

Filed

Apr 16, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.S. A. Maury
R. S.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 8, 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased ^{on} from

April 3, 1922, to, 19

that I last saw him alive on April 3, 1922

and that death occurred, on the date stated above, at 10:00 a.m.

The CAUSE OF DEATH was as follows:

Chronic Broncho-
pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. B. Hurley, M.D.

(Address) 42 Chelsea St EB

Date April 9, 1922

(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

April 16/22

ADDRESS

E. Boston

20 UNDERTAKER

R. C. Kirby

Official
position

Health Officer

Date of
issue
of permit

4/10/22

Permit

No. 420

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupations is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scullery*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* report "'Typhoid pneumonia"; *Tubercle*; *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name organ, *peritoneum*, etc., avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtania," "Anemia" (merely symptomatic), "Atrophy," "Colicaps," "Coma," "Convulsions," "Debility" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 49, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)
58
Registered No.

1 PLACE OF DEATH
County *Suffolk* State *Mass*
City or Town *Winthrop* No. *73 Plummer Ave* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Lawrence Keefe*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *73 Plummer Ave* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6 DATE OF BIRTH *Dec. 26 1919*
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
2 3 14

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

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

10 NAME OF FATHER *John Keefe*

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

12 MAIDEN NAME OF MOTHER *Katherine Harvey*

13 BIRTHPLACE OF MOTHER (City) *Waltham* (State or country) *Mass*

14 Informant *John Keefe* (Address) *73 Plummer Ave*

15 Filed *Apr 18 1922* (Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Apr 9 1922*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *3/24*, 19*22*, to *4/9*, 19*22*

that I last saw him alive on *4/9*, 19*22*, and that death occurred, on the date stated above, at *4 P. M.*

The CAUSE OF DEATH was as follows:
Acidosis

(duration) _____ yrs _____ mos _____ ds.

CONTRIBUTORY *Enterocolitis* (SECONDARY)

(duration) _____ yrs _____ mos _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) *F. J. Kelly*, M.D.

(Address) *200 Pleasant St.*

Date *4 9 1922* (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Cahary Boston* DATE OF BURIAL *4/11/22*
(Cemetery) (City or town)

20 UNDERTAKER *John F. O'Maley* ADDRESS *Winthrop*

Official position *Health Officer* Date of issue of permit *4/11/22* Permit No. *422*

WHILE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter*, (b) *Colon*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*, (a) *Foreman*, (b) *Manager*, "Dealer," etc., without return "Laborer," "Foreman," "Manager," "Dealer," etc., without return "Laborer," as *Day laborer*, *Farm laborer*, *Laborer* — *Cool* more precise specification, as *Wagoner*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Necrosis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Necrosis* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asbestia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Keratitis," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 49, Sec. 9*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until these shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45*.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6*.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7*.

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winsted
(City or town) 39

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Winsted* No. *282 Pleasant* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Judith Coffin Gardner Tewkesbury*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *282 Pleasant* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *66* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of *John George Tewkesbury*
6 AGE Years *81* Months *5* Days *13* If LESS than 1 day, _____ hrs. or _____ min.
If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at home*
(b) Name of employer _____
8 BIRTHPLACE (City) *Sidney*
(State or country) *Me*

9 NAME OF FATHER *Benjamin Allen Gardner*
10 BIRTHPLACE OF FATHER (City) *Nantucket*
(State or country) *Mass*
11 MAIDEN NAME OF MOTHER *Sarah Swan Sprague*
12 BIRTHPLACE OF MOTHER (City) *Nantucket*
(State or country) *Mass*

13 Informant *Winnie Tewkesbury*
(Address) *282 Pleasant St Winsted*

14 Filed *Apr 15 1922*
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH. *April* _____ 9 _____ 1922
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from *Mar 13* _____, 19____, to *Apr 9* _____, 19____, that I last saw him alive on *Apr 9* _____, 19____, and that death occurred, on the date stated above, at *11:05* p.m.
The CAUSE OF DEATH was as follows:
Arterio Sclerosis

Indefinite (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY *Chronic Nephritis*
(SECONDARY) *Indefinite* (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? *No* Date of _____
Was there an autopsy? *No*
What test confirmed diagnosis? _____
(Signed) *Terry G. Thorne* _____, M.D.
(Address) *218 Main*
Date *Apr 10 1922*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Winsted Mass*
(Cemetery) _____ (City or town) _____
DATE OF BURIAL *April 12 1922*

19 UNDERTAKER *C. R. Deming* ADDRESS _____
Official position *Health Officer* of permit *4/11/22* No. *421*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Ironman," "Manager," "Declarer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be held only (not paid *Housework*, or *At home*, and children, not gainfully entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scrubber*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *pertussis*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatous), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebotis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. **3635**
(Place of death)

City or Town **Boston** No. **BOSTON DISPENSARY** St. **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **74**
(Place of residence)

2 FULL NAME **MARGERY COUGHLIN**
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **14 EDGEHILL ROAD - St.**
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SIN.**

16 DATE OF DEATH (month, day, and year) **APR. 9** 19**22**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from **APR. 1** 19**22**, to **APR. 9** 19**22**, that I last saw **HER** alive on **APR. 9** 19**22**,

6 DATE OF BIRTH (month, day, and year) **OCT. 24. 1921**

and that death occurred, on the date stated above, at **11.30P** m. The CAUSE OF DEATH* was as follows:

7 AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.
5 **16**

BRONCHO-PNEUMONIA

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

(duration)..... yrs..... mos..... ds.

9 BIRTHPLACE (city or town) **WINTHROP**
(State or country)

CONTRIBUTORY **MALNUTRITION**
(SECONDARY)
(duration)..... yrs..... mos..... ds.

PARENTS

10 NAME OF FATHER **JOHN COUGHLIN**

11 BIRTHPLACE OF FATHER (city or town) **BOSTON**
(State or country)

12 MAIDEN NAME OF MOTHER **FRANCES SHEFFIELD**

13 BIRTHPLACE OF MOTHER (city or town) **BOSTON**
(State or country)

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?
(Signed) **MAYNARD LADD**..... M.D.
, 19**22** (Address) **APR. 9**

14 Informant **FATHER**
(Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **EVERETT (WOODLAWN)** DATE OF BURIAL **APR. 11** 19**22**

15 Filed **APR. 12** 19**22** **E. W. M. Glenen**
Registrar of city or town where death occurred
Filed **May 25**, 19**22**
Registrar of city or town where deceased resided

20 UNDERTAKER **J. T. OMALEY** ADDRESS **WINTHROP**

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Former or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Cool mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely syn tomatia), "Atrophy," "Collapse," "Coma," "Convulsions," "Erbility," "Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "P^{ER}PERAL septicaemia," "P^{ER}PERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

ENACTED BY THE
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 53, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

12,321-

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Mass Registered No. 60

City or Town Wintthrop No. 104 Highland Ave - St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edna L. Craig

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 104 Highland Ave St. 27 Promoy St. Boston
(Usual place of abode) (If no resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, ... hrs. of ... min. 46

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nurse
(b) Name of employer

9 BIRTHPLACE (City) (State or country) Wausau, Wisconsin

10 NAME OF FATHER James H. Craig

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

12 MAIDEN NAME OF MOTHER Mary S. Westad

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

14 Informant Jessie M. Craig
(Address) 3 Belmont St. Lowell

15 Filed Apr. 18, 1922 REGISTRAR
(Month) (Day) (Year)

21 Burial permit issued by W.B. Official position

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 10 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Under investigation (Medical)
Natural causes: dilatation of the Heart, with oedema terminal, of the lungs and of the Brain, associated with glomerulonephritis, chronic and acute. (Sudden death)

(Explet Aug. 14 1922)
(See reverse side for description for unknown person)

18 Where was injury sustained if not at place of death? (Signed) Serge Eugene Magrath, M.D.

(Address) Suffolk
Medical Examiner for Suffolk
Date April 11 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL Lowell DATE OF BURIAL Apr. 12 1922
(Cemetery) (City or town) (Month) (Day) (Year)

20 UNDERTAKER Wm. A. ... ADDRESS Lowell Mass

Permit No. 1381
Date of issue Apr. 11 1922

MARGIN RESERVED FOR BINDING

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

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Carrara, Henry
April 10, 1922.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or Town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 61
City or Town Winthrop Boston No. 47, Locust St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joseph P. Munnery
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 47 Locust St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Munnery

6 DATE OF BIRTH (Month) (Day) 1884 (Year)

7 AGE Years 48 Months - Days - If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Foreman (b) Name of employer

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

10 NAME OF FATHER Montague Munnery

11 BIRTHPLACE OF FATHER (City) Yarmouth (State or country) New Scotia

12 MAIDEN NAME OF MOTHER Ann Quinn

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

14 Informant M. L. Munnery (Address) 203 River Road - Winthrop

15 Filed Apr 18 1922 (Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 (Month) 16 (Day) 22 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4-10, 1922, to 4-16, 1922
that I last saw him alive on 4-14, 1922
and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH was as follows: Chronic Nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? FOR WHAT? Date of -

Was there an autopsy? -

What test confirmed diagnosis? -
(Signed) Harvey Astle, M.D.
(Address) 200 Pleasant St.
Date 4 (Month) 16 (Day) 1922 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross, Malden (Cemetery) (City or town) DATE OF BURIAL Apr. 18, 1922

20 UNDERTAKER Geo. F. Fincham ADDRESS Boston, Mass.

Official Health Officer Date of issue 4/18/22 Permit No. 423

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colon mill*, (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked out may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indistinct); *Tuberculosis of lungs, meningis, peritonium, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inflammation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information on which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (delineed so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body until he has received a permit from the board of health or its agent, from the clerk of the city or town in which the person died; no such permit shall be issued until there shall have been delivered to such board, agent or clerk, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. The person to whom the permit is so given and the physician who certifies to the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 28, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 3.*

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town) _____ Registered No. 62
 County Suffolk State Mass.
 City or Town Brentwood No. 10 Beacon St. St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Lavonia H. Small
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. 10 Beacon St., _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Small.
 6 AGE _____ years _____ Months _____ Days If LESS than 1 day, _____ hrs. or _____ min.
75
 If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) Name of employer At Home

8 BIRTHPLACE (City) Huntington
 (State or country) Long Island

9 NAME OF FATHER Charles Dennis
 10 BIRTHPLACE OF FATHER (City) Huntington
 (State or country) L. I.
 11 MAIDEN NAME OF MOTHER cannot be learned
 12 BIRTHPLACE OF MOTHER (City) Huntington
 (State or country) L. I.

13 Informant Mrs. Gibbs
 (Address) 10 Beacon St. Brentwood

14 Filed Apr 16 1922
 (Month) (Day) (Year) REGISTRAR _____

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April _____, 17 _____, 1922
 (Month) (Day) (Year)
 16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 10 A. m.
 The CAUSE OF DEATH was as follows:

Acute myocarditis
sudden death
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?
 Did an operation precede death? no Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? History
 (Signed) Raymond B. Parker MD Medical Examiner
 (Address) Winthrop Blvd of Health
 Date April _____, 15 _____, 1922
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop DATE OF BURIAL 4/19/22
 (Cemetery) (City or town)

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop

Official position Health Officer Date of issue of permit 4/18/22 Permit No. 424

April 11, 1922

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Leocomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not finally employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or served up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Senile," "Infantile," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 58, Sec. 6.*

. . . . It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winsted
(City or Town)

1 PLACE OF DEATH *Suffolk* County *Mass* State Registered No. *63*
City or Town *Winsted* No. *53 Winsted Shore Drive* St. *Ward*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Richard Henry Raymond*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *53 Winsted Shore Drive* St., *Ward*.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *2* years *0* months *0* days. How long in U. S., if of foreign birth? *20* years *0* months *0* days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widower*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Widower*

6 DATE OF BIRTH *April 14 - 1860*
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, hrs, or min.
72 *X* *3*

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Retiree*
(b) Name of employer

9 BIRTHPLACE (City) *Brazil*
(State or country) *So. America*

10 NAME OF FATHER *unable to obtain*

11 BIRTHPLACE OF FATHER (City) *.. ..*
(State or country) *.. ..*

12 MAIDEN NAME OF MOTHER *.. ..*

13 BIRTHPLACE OF MOTHER (City) *.. ..*
(State or country) *.. ..*

14 Informant *Robt - Raymond*
(Address) *53 Winsted Shore Drive*

15 Filed *.. ..*
(Month) (Day) (Year) REGISTRAR *.. ..*

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 17 1922*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Apr 16*, 19*22*, to *April 17*, 19*22*
that I last saw him alive on *Apr 17*, 19*22*
and that death occurred, on the date stated above, at *2:10 P. m.*
The CAUSE OF DEATH was as follows:

Pneumo pneumonia

(duration) yrs. mos. *3* ds.

CONTRIBUTORY (SECONDARY) *Anterior Sclerosis*
(duration) *4* yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *W. H. Starnell*, M.D.

(Address) *Winsted, Mass*

Date *Apr 18 1922*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Pinesdale Mass *4/19-22*
(Cemetery) (City or town)

20 UNDERTAKER ADDRESS
C. P. Bennett *Winsted Mass*

Official position *Health Officer* Date of issue of permit *4/19/22* Permit No. *425*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer"; "Foreman"; "Manager"; "Dealer"; etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not habitually employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., etc., etc., (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Colic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Hiccups," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 49, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Mass Registered No. 64
City or Town Wintthrop No. 180 Pauline St. Ward

2 FULL NAME Anders Larsson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 25 Somerset Ave St. Ward. (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16 DATE OF DEATH April 21 1922
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Anna. Larsson (or) WIFE of

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

6 DATE OF BIRTH July - 18 1885
(Month) (Day) (Year)

Asphyxia (traumatic apnoea)
accidental

7 AGE Years Months Days If LESS than 1 day, ... hrs. or min.
36 9 3

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Deck Hand
(b) Name of employer B. R. B. L. R. R.

[His case stands under investigation]
Compressed by his own automobile
on which he was making repairs,
through the slipping of insecure
blocking placed by himself.
(See reverse side for description for unknown person)

9 BIRTHPLACE (City) (State or country) Sweden

18 Where was injury sustained if not at place of death? Completed Aug. 11/22
(Signed) Henry Burgess Maguire M.D.
(Address)

10 NAME OF FATHER Lees Jonson

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

12 MAIDEN NAME OF MOTHER Karna. Jonson

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

Medical Examiner for Suffolk
Date April 22 1922
(Month) (Day) (Year)

14 Informant Anna Larsson
(Address) 25 Somerset Ave Wintthrop

19 PLACE OF BURIAL, CREMATION, or REMOVAL Wintthrop
(Cemetery) (City or town) DATE OF BURIAL 4/24/22
(Month) (Day) (Year)

15 Filed May 9 1922
(Month) (Day) (Year) REGISTRAR

20 UNDERTAKER C. R. Johnson
ADDRESS Wintthrop

21 Burial permit issued by J. A. Mowry Official position Health Officer Date of issue 4/24/22 Permit No. 428

MARGIN RESERVED FOR BINDING

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

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

DESCRIPTION (for unknown person)

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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.)"

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

April 21, 1922

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop, Mass
(City or Town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 65
City or Town Winthrop, Mass No. 6 Argyle St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Luigi Urbinati
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 6 Argyle St. Winthrop, Mass Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 11 years months days. How long to U. S., if of foreign birth? 15 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5a If married, widowed, or divorced HUSBAND of Maria Luaglia (or) WIFE of
6 DATE OF BIRTH 1869
(Month) (Day) (Year)
7 AGE Years 53 Months X Days X
if LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here
8 OCCUPATION OF DECEASED Laborer
(a) Trade, profession, or particular kind of work (b) Name of employer

9 BIRTHPLACE (City) Italy
(State or country)

10 NAME OF FATHER Antonio Urbinati
11 BIRTHPLACE OF FATHER (City) Italy
(State or country)
12 MAIDEN NAME OF MOTHER Geltruda / unknown
13 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

14 Informant Maria Urbinati / wife
(Address) 6 Argyle St. Winthrop, Mass

15 Filed MAY 2 1922
(Month) (Day) (Year) REGISTRAR J. H. Mayry

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 21st 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1922, to April 21, 1922, that I last saw him alive on April 20, 1922, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH was as follows:
Tumor of Brain

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
(duration) yrs. mos. ds.

Did an operation precede death? Date of
FOR WHAT?

Was there an autopsy?

What test confirmed diagnosis?
(Signed) Henry Astley, M.D.
(Address) 200 Pleasant St.
Date 4 22 22
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Michael Cemetery Boston
(Cemetery) (City or town) DATE OF BURIAL April 23 1922

20 UNDERTAKER Angelo Jannini
ADDRESS 215 North St. Boston

Official Death Officer Date of issue of permit 4 22 22 Permit No. 426

INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.
 IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE EVERY ITEM OF INFORMATION. PHYSICIANS SHOULD STATE CAUSE OF DEATH EXACTLY.

[Approved by U. S. Census and American Public Health Association]

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

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

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

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

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

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pioneer*; *Physician*, *Composer*, *Artist*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or to receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scrub*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (Retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelicate); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meselas*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meselas* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congestive," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Woburn
(City or town) 66

1 PLACE OF DEATH *Suffolk* County *Mass* State Registered No. *66*
City or Town *Woburn* No. *189 Bowdoin St* St. *Ward*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Anna Elizabeth Gibbons*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *189 Bowdoin* St. *Ward*.
(Usual place of abode)
Length of residence in city or town where death occurred *25* years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
5a If married, widowed, or divorced HUSBAND of *Bernard Joseph Gibbons* (or) WIFE of
6 AGE Years *50* Months *6* Days *X* If LESS than 1 day,.....hrs. or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at home*
(b) Name of employer

8 BIRTHPLACE (City) *Hornell*
(State or country) *N. Y.*

9 NAME OF FATHER *William Webster*
10 BIRTHPLACE OF FATHER (City) *Hornell*
(State or country) *N. Y.*
11 MAIDEN NAME OF MOTHER *Emily Wrenboen*
12 BIRTHPLACE OF MOTHER (City) *England*
(State or country)

13 Informant *Geo. W. Gibbons*
(Address) *189 Bowdoin St*

14 Filed *MAY 2 1922*
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *April 22*, 19*22*
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from *April 20*, 19*22* to *April 22*, 19*22*
that I last saw him alive on *April 22*, 19*22*
and that death occurred, on the date stated above, at *10.55 p.m.*
The CAUSE OF DEATH was as follows:
Uræmic convulsions

CONTRIBUTORY *Chronic Glomerular Nephritis* (duration) yrs. mos. *3* ds.
(SECONDARY) (duration) *1* yrs. mos. ds.

17 Where was disease contracted if not at place of death? *—*
Did an operation precede death? *no* Date of *—*
Was there an autopsy? *no*
What test confirmed diagnosis? *clinical examination*
(Signed) *B. J. M. M.D.*
(Address) *128 Woburn St Woburn*
Date *April 25*, 19*22*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Woburn Cemetery*
(Cemetery) (City or town) DATE OF BURIAL *4/26/22*

19 UNDERTAKER *CR Cummings* ADDRESS *Woburn*

Official position *Health Officer* Date of issue of permit *4/25/22* Permit No. *729*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Chalklayer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congestive"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 145.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 67
City or Town Winthrop No. 46 Hawthorne Ave. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie Nath
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 46 Hawthorne Ave. Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 years months days. How long in U. S., if of foreign birth? 22 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
70

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) Name of employer

9 BIRTHPLACE (City) Austria
(State or country)

10 NAME OF FATHER Jacob Dober

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

12 MAIDEN NAME OF MOTHER Rebecca Carnot

13 BIRTHPLACE OF MOTHER (City) Austria
(State or country)

14 Informant B. Rothberg
(Address) 46 Hawthorne Ave

15 Filed MAY 2 1922
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 23 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 11, 1922, to Apr 23, 1922, that I last saw her alive on Apr 23, 1922, and that death occurred, on the date stated above, at 6.50 A.M.

The CAUSE OF DEATH was as follows:

Chronic Nephritis

(duration) 3 yrs. mos. ds.
CONTRIBUTORY Arterio-sclerosis
(SECONDARY)

18 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical signs
(Signed) Louis H. Skirball, M.D.

(Address) 13 Nahant Ave. Revere
Date April 23 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Austrian Cem. Woburn
(Cemetery) (City or town) DATE OF BURIAL April 23 1922

20 UNDERTAKER Samuel Stanetsky Boston
ADDRESS

Official position Health Officer Date of issue of permit April 23 1922 Permit 427

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease *causum deam*, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *If whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtania," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUPERAL septicemia," "PUPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town) *68*

1 PLACE OF DEATH *70 Suffolk* *Mass.*
County *Winthrop* State *Winthrop* Registered No. *68*
City or Town *Winthrop* No. *70 Somerset Ave.* St. *Ward*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Joseph Woodbridge Perkins*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *70 Somerset Ave.* St. *Ward*
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*

16 DATE OF DEATH *April 24, 1922*
(Month) (Day) (Year)

5a If married, widowed, or divorced *Ada Croft Perkins*
HUSBAND of *Widowed*
(or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from *April 22*, 19*22*, to *April 24*, 19*22*, that I last saw him alive on *April 24*, 19*22*, and that death occurred, on the date stated above, at *7 p.* m.

6 DATE OF BIRTH *Nov. 16, 1852*
(Month) (Day) (Year)

The CAUSE OF DEATH was as follows:
Central Haemorrhage
arterio sclerosis chronic
chronic interstitial nephritis
(duration) yrs. mos. *3* ds.

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
69 *5* *8*

If STILLBORN, enter that fact here

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Retired. 4 yrs.*
(b) Name of employer *Fish dealer*

18 Where was disease contracted if not at place of death?

9 BIRTHPLACE (City) *Portsmouth*
(State or country) *N. H.*

Did an operation precede death? *no* Date of

10 NAME OF FATHER *Unable to Obtain*

Was there an autopsy? *no*

11 BIRTHPLACE OF FATHER (City) (State or country)

What test confirmed diagnosis? *Clinical diagnosis*
(Signed) *31 Melcoll Chubb, B.S., H. M.D.*
(Address) *174 W. Winthrop St. W. Winthrop, Mass.*
Date *April 25, 1922*
(Month) (Day) (Year)

12 MAIDEN NAME OF MOTHER *Unable to Obtain*

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

14 Informant *Amnis B. Moody*
(Address) *70 Somerset Ave.*

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Winthrop*
(Cemetery) (City or town) DATE OF BURIAL *4/26/22*

15 *MAY 2, 1922*
(Month) (Day) (Year) REGISTRAR

20 UNDERTAKER *Chas. R. Bemisow.* ADDRESS *Winthrop*

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

Official position *Health Officer* Date of issue of permit *4/25/22* Permit No. *436*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intubition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, erysipelas, childbirth, convulsions, hemorrhage, gangrene, gascolitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . We shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

(City or Town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 69
City or Town Winthrop No. Metcalfe Hospital St. 1 Ward 69
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Colague
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 6 Trenton St. 1 Ward. 69
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH April 25, 1922
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, 3 hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

9 BIRTHPLACE (City) Winthrop
(State or country)

10 NAME OF FATHER William

11 BIRTHPLACE OF FATHER (City) Dearborn
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Smith

13 BIRTHPLACE OF MOTHER (City) Dearborn
(State or country)

14 Informant Father
(Address) 6 Trenton Ch. F. B.

15 Filed MAY 2, 1922
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 25, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from, 19, to, 19,

that I last saw him alive on, 19,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Premature Birth
6 months lived 3 hours
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no
(Signed) Raymond B. Parker, M.D.

(Address) Winthrop Bd. of Health
Date April 25, 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Malden
(Cemetery) (City or town) DATE OF BURIAL April 29/22

20 UNDERTAKER R. C. [unclear] ADDRESS E. Boston

Official position Health Officer Date of issue 4/28/22 Permit No. 432

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. J. A. Mowry
9/18

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.— Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colon mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indomitable); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on a statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as for the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winstock
(City or Town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 70
City or Town Winstock No. 140 Woodside Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nathaniel Thomas Howland
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 140 Woodside St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred X years 10 months X days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of widow

6 DATE OF BIRTH May 31st - 1843
(Month) (Day) (Year)

7 AGE Years 70 Months 10 Days 27
If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED Retired
(a) Trade, profession, or particular kind of work
(b) Name of employer

9 BIRTHPLACE (City) Hanson
(State or country) Plymouth Co. Mass

10 NAME OF FATHER Asa Howland

11 BIRTHPLACE OF FATHER (City) Hanson
(State or country) Plymouth Co. Mass

12 MAIDEN NAME OF MOTHER Cynthia Fish

13 BIRTHPLACE OF MOTHER (City) Hanson
(State or country) Mass

14 Informant Geo. Howland
(Address) 140 Woodside Ave Winstock

15 Filed MAY 2 1922
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 27th 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1920, to April, 1922
that I last saw him alive on April 26, 1922
and that death occurred, on the date stated above, at 11.9 a. m.
The CAUSE OF DEATH was as follows:
Myocarditis, Chronic Endocarditis
Arterio-sclerosis

CONTRIBUTORY Angina pectoris
(SECONDARY) (duration) 1.0 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ?
(duration) ? yrs. ? mos. ? ds.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) Andrew J. Downing, M.D.
(Address) 335 Huron Ave Winstock Mass
Date April 27th 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Huron Hall Cemetery
(Cemetery) Hanson (City or town) DATE OF BURIAL April 29/1922

20 UNDERTAKER Mass ADDRESS Winstock
C. R. "Blessington"

Official position Health Officer Date of issue of permit 4/27/22 Permit No. 431

N. B. - WHITE PLAIN, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma, Sarcoma, etc.*, of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Smithrop
(City or Town) 74

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *145*
City or Town *Smithrop* No. *145 Cliff Ave* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Minnie M. Ingraham*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *145 Cliff Ave* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
(write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH *July 19 1860*
(Month) (Day) (Year)

7 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs, or _____ mo.
61 9 12

If STILLBORN, enter that fact here _____

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at Home*
(b) Name of employer _____

9 BIRTHPLACE (City) *Wethersfield*
(State or country) *Mass*

10 NAME OF FATHER *Conrad Ingraham*

11 BIRTHPLACE OF FATHER (City) _____
(State or country) *Mass*

12 MAIDEN NAME OF MOTHER *cannot be heard*

13 BIRTHPLACE OF MOTHER (City) _____
(State or country) *Mass*

14 Informant *Harry T. Burrows*
(Address) *145 Cliff Ave*

15 Filed *May 20, 1922*
(Month) (Day) (Year) REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 8 1922*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Much*, 19 *22*, to *May 1*, 19 *22*, that I last saw him alive on *May 1*, 19 *22*, and that death occurred, on the date stated above, at *11:10* a. m.

The CAUSE OF DEATH was as follows:
Cerebral Haemorrhage

(duration) _____ yrs. _____ mos. *5* ds.

CONTRIBUTORY (SECONDARY) *Cerebral Disease* (duration) *Indefinite* yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis?
(Signed) *Terry J. Howe*, M.D.
(Address) *28 Main St Smithrop*
Date *May 3 1922*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Woodlawn* DATE OF BURIAL *May 4 1922*
(Cemetery) (City or town)

20 UNDERTAKER *W. C. Goodrich & Sons* ADDRESS _____

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *J. A. Mowry* Health Officer Date of issue *5/3/22* Permit No. *433*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

may 1 1922

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphentria* (avoid use of "Cramp"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *19 ds*. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anomia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winsted
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *75*
City or Town *Winsted* No. *38 Beal St* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *George Washington Bishop*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *38 Beal St* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *22* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6 AGE Years *47* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Suffolk Quartermaster*
(b) Name of employer *Dep. Fort. Banks*
8 BIRTHPLACE (City) *Philadelphia*
(State or country) *Pa*

9 NAME OF FATHER *George W. Bishop*
10 BIRTHPLACE OF FATHER (City) *Philadelphia*
(State or country) *Pa*
11 MAIDEN NAME OF MOTHER *Mary Hagen*
12 BIRTHPLACE OF MOTHER (City) *Phil Pa*
(State or country)

13 Informant *Lucretia Johnson*
(Address) *38 Beal St Winsted*

14 Filed *May 20, 1922* *B. S. Dodge* REGISTRAR
(Month) (Day) (Year)

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *May* *5* *1922*
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from *June*, 1921, to *May 5*, 1922, that I last saw him alive on *May 1*, 1922, and that death occurred, on the date stated above, at *7 a.* m.
The CAUSE OF DEATH was as follows:
Inanition & exhaustion

CONTRIBUTORY (SECONDARY) *Epidermoid carcinoma*
right face (duration) *1* yrs. _____ mos. _____ ds.
17 Where was disease contracted *at home*
if not at place of death? _____ (duration) *1* yrs. _____ mos. _____ ds.

Did an operation precede death? *No* Date of _____
Was there an autopsy? *No*
What test confirmed diagnosis? *Laboratory slides*
(Signed) *R. W. Layton*, M.D.
(Address) *Ft. Banks, Mass*
Date *May 6* *1922*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Winsted Cemetery*
(Cemetery) *Winsted* (City or town) *Winsted*
DATE OF BURIAL *May 7*

19 UNDERTAKER *C. R. Johnson* ADDRESS *Winsted*

Official position *Health Officer* Date of issue of permit *5/6/22* Permit No. *434*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, where same was given by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . Its shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths 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.

R-302
 N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. **4570**

(Place of death)

City or Town **Boston** No. **MERIDIAN HALL** St. **76** Ward **6**

Registered No. **76**

(Place of residence)

2 FULL NAME **SILAS M. STEVENS**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **26 SEYMOUR AVE.**

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**

16 DATE OF DEATH (month, day, and year) **MAY 5 1922**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **CARRIE E.**

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 1922____, that I last saw h_____ alive on _____, 1922____, and that death occurred, on the date stated above, at _____m. The CAUSE OF DEATH* was as follows:

6 DATE OF BIRTH (month, day, and year) **DEC. 25. 1848**

7 AGE **73** Years Months **4** Days **10** If LESS than 1 day, _____hrs. or _____min.

NATURAL CAUSES, PRESUMABLY CARDIO-VASCULAR DISEASE

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **RETIRED GROCER** (b) Name of employer

(duration) _____ yrs. _____ mos. _____ ds. CONTRIBUTORY (SUDDEN DEATH) (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) **WELLS** (State or country) **ME.**

18 Where was disease contracted if not at place of death? _____

10 NAME OF FATHER **EBRAL STEVENS**

Did an operation precede death? _____ Date of _____

11 BIRTHPLACE OF FATHER (city or town) **WELLS** (State or country) **ME.**

Was there an autopsy? _____

12 MAIDEN NAME OF MOTHER **MARY A. MOODY**

What test confirmed diagnosis? (Signed) **GEORGE BURGESS MAGRATH**, M.D., 19 22 (Address) **MAY 6** **ME. EX.**

13 BIRTHPLACE OF MOTHER (city or town) **AUGUSTA** (State or country) **ME.**

14 Informant **MRS. CARRIE STEVENS** (Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **EVERETT (WOODLAWN)** DATE OF BURIAL **MAY 8 19 22**

15 Filed **MAY 9 19 22** **EWM Glenon** Registrar of city or town where death occurred

20 UNDERTAKER **C. A. ROLLINS** ADDRESS

Filed **May 25 19 22** Registrar of city or town where deceased resided

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or indirect) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be so ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 33, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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 a abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-302
 N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Lynn
(City or town)

1 PLACE OF DEATH

County Essex State Mass.

Registered No. _____
(Place of death)

City or Town Lynn No. Union Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 86
(Place of residence)

2 FULL NAME Isaac C. Bunnell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 99 Main St. _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months 12 days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cannot be learned

6 DATE OF BIRTH (month, day, and year) Dec. 26, 1862

7 AGE 59 Years 4 Months 12 Days If LESS than I day, _____ hrs. or _____ mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____ (State or country) Penna.

10 NAME OF FATHER Barton Bunnell

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Penna.

12 MAIDEN NAME OF MOTHER Sarah Bird

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Penna.

14 Informant Stuart Bunnell (Address) 99 Main St., Winthrop

15 Filed June 5, 19 22 Registrar of city or town where death occurred

Filed June 14, 19 22 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 19 22

17 I HEREBY CERTIFY, That I attended deceased from Apr. 26, 19 22, to May 8, 19 22,

that I last saw him alive on May 8, 19 22,

and that death occurred, on the date stated above, at 8.05 p. a. m.

THE CAUSE OF DEATH* was as follows:

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Pernicious anemia

(duration) _____ yrs. 2 mos. + ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? blood

(Signed) Frank E. Rowe, M.D.

(Address) 221 Broadway, Revere

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Glenwood, Everett May 11, 19 22

20 UNDERTAKER

ADDRESS

John P. Costello Boston

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not faintly employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meningis* (disease causing death), 29 cs.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDE, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Concomitant" (under "Cause of death" on Statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 77
City or Town -Boston Winthrop No. 62 Lowell Road. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah S. Tracy
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 36 Wilshires Road Ward. 5th
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 8 years 0 months 0 days. How long in U. S., if of foreign birth? 41 years 0 months 0 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed

5a If married, widowed, or divorced
HUSBAND of Daniel Tracy
(or) WIFE of Feb 26 1840

6 DATE OF BIRTH Feb 26 1840
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
82 2 13

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) Name of employer

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

10 NAME OF FATHER Austin A. Hopey
11 BIRTHPLACE OF FATHER (City) France
(State or country)
12 MAIDEN NAME OF MOTHER Margaret A. Godsaw
13 BIRTHPLACE OF MOTHER (City) St. John N. B.
(State or country)

14 Informant Wellington Tracy
(Address) 36 Wilshire Road. St.

15 Filed May 20, 1922
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 9 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1922, to May 9, 1922
that I last saw h alive on May 9, 1922
and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH was as follows:
Chronic Hypertension

CONTRIBUTORY Chronic Hypertension
(SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? FOR WHAT?
(duration) yrs. mos. ds.

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) S. C. Kelly, M.D.
(Address) 200 Pleasant St.
Date May 10, 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hills Boston
(Cemetery) (City or town) DATE OF BURIAL May 11

20 UNDERTAKER W. Stakeman & Sons ADDRESS Boston.

Official position Health Officer Date of issue of permit 5/10/22 Permit No. 435

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia?"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Cerebrum, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purpura *septicaemia*," "Purpura *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicaemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. . . . If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

11-302
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. **4851**
 (Place of death)

City or Town **Boston** No. **EVANGELINE BOOTH HOSPT.** St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **78**
 (Place of residence)

2 FULL NAME **RICHARD FRANCIS RACINE**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. _____ St. _____
 (Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **S**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) **MAR. 4. 1922**

7 AGE Years Months Days If LESS than 1 day, _____ hrs. of _____ min. **2 8**

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) Name of employer

9 BIRTHPLACE (city or town) **BOSTON**
 (State or country)

10 NAME OF FATHER **FREEMAN RACINE**

11 BIRTHPLACE OF FATHER (city or town) **WOODSTOCK**
 (State or country) **CONN.**

12 MAIDEN NAME OF MOTHER **MARY A. DUFFY**

13 BIRTHPLACE OF MOTHER (city or town) **BOSTON**
 (State or country)

14 Informant **MOTHER**

(Address)

15 Filed **May 19, 1922** **E. W. M. Gleason**
 Registrar of city or town where death occurred

Filed **MAY 25, 1922**
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **MAY 12 1922**

17 I HEREBY CERTIFY, That I attended deceased from **APR. 1 1922** to **MAY 12 1922**,
 that I last saw him alive on **MAY 12 1922** at **8.00 P.**
 and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

PYEMIA

CONTRIBUTORY **TERMINAL BRONCHO-PNEUMONIA**
 (SECONDARY)

18 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) **HENRY A. KONTOFF**, M.D.
 , 1922 (Address) **MAY 13**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

MT. HOPE CEM.

DATE OF BURIAL

MAY 22 1922

20 UNDERTAKER

R. & E. F. GLEASON

ADDRESS

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Artistical*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Printer*, (b) *Color mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing nears (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely sym. tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths 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.

11-302
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts

Registered No. 4773
 (Place of death)

City or Town Boston No. NEW ENG. BAPTIST HOSPT. St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 79
 (Place of residence)

2 FULL NAME

-----HODGKINS

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 21 COURT ROAD --- 6

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SIN.

16 DATE OF DEATH (month, day, and year) MAY 13 19 22

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from MAY 13, 1922, to MAY 13, 1922, that I last saw h. IM alive on MAY 13, 1922, and that death occurred, on the date stated above, at 1.50A. m. The CAUSE OF DEATH* was as follows:

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day.....hrs. of 20.

PREMATURITY

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) Name of employer

(duration)..... yrs. mos. ds.
 CONTRIBUTORY PREMATURE LABOR
 (SECONDARY)
 (duration)..... yrs. mos. ds.

9 BIRTHPLACE (city or town) BOSTON
 (State or country)

18 Where was disease contracted if not at place of death?.....

10 NAME OF FATHER WENDELL A.

11 BIRTHPLACE OF FATHER (city or town) BATH
 (State or country) ME.

12 MAIDEN NAME OF MOTHER LICE L. WALKER

13 BIRTHPLACE OF MOTHER (city or town) W. WARREN
 (State or country) MASS.

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) W. T. S. THORNDIKE, M.D.
 , 19 22 (Address) MAY 13

14 Informant FATHER
 (Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL WINTHROP (WINTHROP CEM, DATE OF BURIAL MAY 15 19 22

15 Filed MAY 16, 1922 E. W. M. Glenn
 Registrar of city or town where death occurred
 Filed May 25, 19 22
 Registrar of city or town where deceased resided

20 UNDERTAKER C. R. BENNISON ADDRESS WINTHROP

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mining, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing nearest the primary affection with respect to time and causation,) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant origin; *Mesites*; *Whooping cough*; *Chronic valvular heart disease*; *neoplasms*; *Mesites*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesites* (disease causing death), *90 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbestia," "Arenia's" (merely sym tomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Lobility" ("Congestial"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-fluence," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Weakness, quality all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereatof furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 93, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known; oth-erwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 93, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 80
City or Town Winthrop No. 8 Edgehill Road St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Daniel William Caton (Caton)

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

8 Edgehill Road St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 years — months — days. How long in U. S., if of foreign birth? 51 years — months — days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5a If married, widowed, or divorced
HUSBAND of Lucy (Bell) Caton
(or) WIFE of _____6 DATE OF BIRTH Jan 23 1845
(Month) (Day) (Year)7 AGE Years Months Days If LESS than
77 3 92 1 day, hrs.
or mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Formerly in Hat Business
(b) Name of employer _____9 BIRTHPLACE (City) Luton
(State or country) England10 NAME OF FATHER George Caton11 BIRTHPLACE OF FATHER (City) Luton
(State or country) England12 MAIDEN NAME OF MOTHER Swain (first name cannot be returned)13 BIRTHPLACE OF MOTHER (City) Luton
(State or country) England14 Informant Lucy B. Caton
(Address) 8 Edgehill Road - Winthrop15 Filed May 20, 1922
(Month) (Day) (Year)

REGISTRAR

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

J. A. Murray
J. P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 15 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1921, to May 14, 1922, that I last saw him alive on May 14, 1922, and that death occurred, on the date stated above, at 7-30 A.M.
The CAUSE OF DEATH was as follows:Chronic myocarditis(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? _____
FOR WHAT?Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Fredrick M. Sears, M.D.(Address) 579 Columbia Road DorDate May 16 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Forest Hills Boston May 18, 1922
(Cemetery) (City or town)

20 UNDERTAKER

Robert J. Belyea 72 Almont St
WinthropOfficial Health Officer J. A. Murray Date of issue of permit 5/17/22 Permit No. 437

N. B. WHITE PLAIN, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "P^{ER}NATAL septicemia," "P^{ER}NATAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

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

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

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentthrop
(City or town)

1 PLACE OF DEATH

County Suffolk State Mass Registered No. 81
City or Town Wentthrop No. 40, Belcher St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Margaret M. Carthy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 40 Belcher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 years 0 months 0 days. How long in U. S., if of foreign birth? 0 years 0 months 0 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William

6 AGE Years 30 Months 0 Days 0 If LESS than 1 day..... hrs. or..... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) Ireland
(State or country)

9 NAME OF FATHER Patrick Naughton

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

11 MAIDEN NAME OF MOTHER Bridget Quinn

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

13 Informant John Kallezian
(Address) 40 Belcher St.

14 Filed May 20, 1922
(Month) (Day) (Year)

REGISTRAR

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

J. P. Maury
410

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 15, 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 13, 1922, to May 15, 1922, that I last saw her alive on May 14, 1922, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH was as follows:

Myocarditis

(duration) yrs. mos. ds.
CONTRIBUTORY arteriosclerosis
(SECONDARY)

(duration) yrs. mos. ds.
17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) C. F. Hurlbut, M.D.
(Address) 356 Vermont St.
Date May 15, 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL May 7, 1922

19 UNDERTAKER John O. Mclell

ADDRESS Wentthrop

Official position Health Officer Date of issue of permit 5/16/22 Permit No. 436

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Laconic engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indelicate); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhages, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town) 82

1 PLACE OF DEATH

County *Suffolk* State *Mass*
City or Town *Wentworth* No. *51 Birch Rd* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Stanley Augustus Leonard
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *51 Birch Rd* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years *2* months days. How long in U. S., if of foreign birth? *31* years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------------|--|
| 3 SEX <i>Male</i> | 4 COLOR OR RACE <i>White</i> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i> |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Rosa F. Leonard</i> | | |
| 6 AGE Years <i>57</i> | Months | Days |
| If LESS than 1 day,.....hrs. or.....min. | | |
| If STILLBORN, enter that fact here | | |

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
retiree
(b) Name of employer
Pay master

8 BIRTHPLACE (City)
London
(State or country)
Eng

9 NAME OF FATHER
unable to obtain

10 BIRTHPLACE OF FATHER (City)
.....
(State or country)

11 MAIDEN NAME OF MOTHER
unable to obtain

12 BIRTHPLACE OF MOTHER (City)
.....
(State or country)

13 Informant *Rosa F. Leonard*
(Address) *51 Birch Rd. Wentworth*

14 Filed *May 25 1922*
(Month) (Day) (Year)

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *May* (Month) *17* (Day) *1922* (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Feb* 1922, to *19 May* 1922, that I last saw him alive on *19 May* 1922, and that death occurred, on the date stated above, at *8:15 P* m. The CAUSE OF DEATH was as follows:

Cerebral Haemorrhage

10 days (duration) yrs. mos. ds.
CONTRIBUTORY *High blood pressure system*
(SECONDARY) *240. systolic* (duration) 10 yrs. mos. ds.

17 Where was disease contracted if not at place of death? *Brechin*

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *none*

(Signed) *W B Blanchard* M.D.

(Address) *1069 Baylton St Boston*

Date *May* (Month) *21* (Day) *1922* (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Chesnut Man Cemetery*
(Cemetery) (City or town) *May 24 1922*

19 UNDERTAKER *E. R. Penner*
ADDRESS *Wentworth*

Official position *Health Officer* Date of issue of permit *5/22/22* Permit No. *438*

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Car Engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *Housework*, or *At home*, and children, not eventually employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asbemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tromb," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
 City or Town **Boston** No. **INFANTS HOSPT.**
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **4934**
 (Place of death)
 Registered No. **83**
 (Place of residence)
 St. _____ Ward _____

2 FULL NAME **MYRTLE M. GUSTAFSON**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. _____ St. _____
 (Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SIN**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) **NOV. 4, 1920**

7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
1 6 14

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) Name of employer _____

9 BIRTHPLACE (city or town) **ARLINGTON**
 (State or country)

10 NAME OF FATHER **LEANDER J.**
 11 BIRTHPLACE OF FATHER (city or town) **SWEDEN**
 (State or country)
 12 MAIDEN NAME OF MOTHER **MARGARET N. PURD**
 13 BIRTHPLACE OF MOTHER (city or town) **BOSTON**
 (State or country)

14 Informant **MRS. PURDY**
 (Address)

15 Filed **MAY 22, 1922** **E. W. M. Glenen**
 Registrar of city or town where death occurred
 Filed **May 25, 1922**
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **MAY 18 1922**

17 I HEREBY CERTIFY, That I attended deceased from **MAY 16**, 19 **22** to **MAY 18**, 19 **22**, that I last saw h **ER** alive on **MAY 18**, 19 **22**, and that death occurred, on the date stated above, at **10.10 P.** m. The CAUSE OF DEATH* was as follows:

TUBERCULOUS MENINGITIS

(duration) _____ yrs. _____ mos. **21** ds.
 CONTRIBUTORY **MILIARY TUBERCULOSIS**
 (SECONDARY) (duration) _____ yrs. **2 1/2** mos. _____ ds.

18 Where was disease contracted if not at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? **YES**
 What test confirmed diagnosis? _____
 (Signed) **H. C. BENDER**, M. D.
 _____, 19 **22** (Address) **MAY 19**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **WINTHROP (WINTHROP CEM)** DATE OF BURIAL **MAY 21 1922**
 20 UNDERTAKER **J. S. WATERMAN & SONS** ADDRESS _____

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely syn. *hæmic*), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Colic," etc.), "Dropsy," "Expansion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate as hereinafter provided. . . . If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. (City or town) 84
City or Town Wentworth No. 1 Welshire St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine L. Keen
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 1 Welshire St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| 3 SEX <u>Female</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Edgar F. Keen</u> | | |
| 6 AGE <u>56</u> | Years <u> </u> Months <u> </u> Days <u> </u> | If LESS than 1 day,.....hrs. or.....min. |

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

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

9 NAME OF FATHER William H. Harris

10 BIRTHPLACE OF FATHER (City) Liverpool
(State or country) Eng.

11 MAIDEN NAME OF MOTHER Mary J. Murphy

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

13 Informant Edgar Keen
(Address) 1 Welshire St

14 Filed June 5 1922
(Month) (Day) (Year)

REGISTRAR L. A. Mowbray

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 30 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 27, 1922, to May 20, 1922, that I last saw him alive on May 20, 1922, and that death occurred, on the date stated above, at 11.00 P.M. The CAUSE OF DEATH was as follows:
Exophthalmic Goiter

CONTRIBUTORY Chronic Endocarditis
(SECONDARY) (duration) 17 yrs. mos. ds.

17 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?
(Signed) C. J. Mahoney M.D.
(Address) 363 Wentworth St
Date May 31 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL June 3 1922

19 UNDERTAKER John F. O'Mahy ADDRESS Wentworth

Official Position Health Officer Date of issue of permit 6/1/22 Permit No. 462

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever*; the only definite synonym is "Epidemic cerebrospinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never meningitis); "Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Meselas*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meselas* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Senile," "Lapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Dreima," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyæmia, septicæmia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 86, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

85

City or Town

Boston

No. 152

Bartlett Rd.

St.

Ward

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

2 FULL NAME

Edward Barrett

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

152 Bartlett Rd

St.

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence to city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

~~(or) WIFE of~~

Agnes Barrett

6 DATE OF BIRTH

July

27

1841

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If less than

80

10

4

1 day,..... hrs.

or..... mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

9 BIRTHPLACE (City)

Boston

(State or country)

Mass

10 NAME OF
FATHER

Oliver Barrett

11 BIRTHPLACE OF
FATHER (City)

Boston

(State or country)

Mass

12 MAIDEN NAME
OF MOTHER

Abigail Sawyer

13 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Mass

14 Informant

Mrs Barrett

(Address) 152 Bartlett Rd. Winthrop

15 Filed

June 1, 1922

(Month) (Day) (Year)

REGISTRAR

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

S. A. Mowry

9-25

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May

31

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 25, 1922, to May 31, 1922

that I last saw him alive on May 25, 1922

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH was as follows:

Emphysema Dilatation of
Heart & AnemiaInfluenza
(duration) 10 yrs. 7 mos. 7 ds.CONTRIBUTORY
(SECONDARY)

Head Disease (duration) 4 yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Unknown

FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Mrs. E. Buefench, M.D.

(Address) 526 Standard St.

Date May 31, 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt. Auburn Cambridge

(Cemetery)

(City or town)

DATE OF BURIAL

June 2, 1922

20 UNDERTAKER

C. A. Rollins

ADDRESS

C. Boston

Official position: Health Officer

Date of issue of permit

5/31/22

Permit

No. 439

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Coal-mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be employed as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never "Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninge*; *Whooping cough*; *Chronic tabular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meninge* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, coliciditis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *87*
City or Town *Winthrop* No. *13 Nahant ave.* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Alexandrina P Douglas*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *13 Nahant ave* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
66

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *dress maker*
(b) Name of employer _____

8 BIRTHPLACE (City) *Scotland*
(State or country)

9 NAME OF FATHER *Sholto Douglas*

10 BIRTHPLACE OF FATHER (City) *Scotland*
(State or country)

11 MAIDEN NAME OF MOTHER *Maddeline Ogilvie*

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

13 Informant *Elizabeth Leatch Walker*
(Address) *13 Nahant av. Winthrop*

14 Filed *June 12, 1922*
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *June 3, 1922*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Oct 30, 1921, to June 3, 1922,*
that I last saw her alive on *June 2, 1922,*
and that death occurred, on the date stated above, at *4 A* m.
The CAUSE OF DEATH was as follows:

*Chronic Interstitial Nephritis
Chronic Valvular Heart Disease*
(duration) *1* yrs. *7* mos. *0* ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? *at home*

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*
What test confirmed diagnosis? *Personal Observation*
(Signed) *Raymond B. Parker, M.D.*
(Address) *Winthrop Mass*
Date *June 3, 1922*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Winthrop* (Cemetery) (City or town) DATE OF BURIAL *6/5, 1922*

19 UNDERTAKER *C R Berrison* ADDRESS *Winthrop*

Official position *Health Officer* Date of issue of permit *6/5/22* Permit No. *441*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Leocomotive engineer, Coal engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Infantile," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

88

City or Town

Winthrop

No.

Melrose Hospital

St.

Ward

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

2 FULL NAME

Evelyn Alice Lamb

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

423 Winthrop

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

2 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

[Signature]

6 AGE

Years

7

Months

4

Days

8

If LESS than

1 day,.....hrs.

or.....mo.

If STILLBORN, enter that fact here

[Signature]

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School

(b) Name of employer

Girl

8 BIRTHPLACE (City)

Salem

(State or country)

N. H.

9 NAME OF FATHER

Percy Lamb

10 BIRTHPLACE OF FATHER (City)

England

(State or country)

11 MAIDEN NAME OF MOTHER

Ellen Briggs

12 BIRTHPLACE OF MOTHER (City)

England

(State or country)

13

Informant

Percy Lamb

(Address)

423 Winthrop St

14

Filed

June 12, 1922

(Month) (Day) (Year)

REGISTRAR

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

S. P. Murray

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

5

1922

(Month)

(Day)

(Year)

16

HEREBY CERTIFY, That I attended deceased from

June 5, 1922, to June 5, 1922

that I last saw her alive on

June 5, 1922

and that death occurred, on the date stated above, at

7 P. M.

The CAUSE OF DEATH was as follows:

General Peritonitis

(duration) yrs. mos. *2* ds.

CONTRIBUTORY

(SECONDARY)

Perforated appendix

17 Where was disease contracted

(duration) yrs. mos. *2* ds.

if not at place of death?

423 Winthrop St

Did an operation precede death?

yes Date of June 5/22

Was there an autopsy?

no

What test confirmed diagnosis?

abdomen filled & pus

(Signed)

B. J. Metcalf

M.D.

(Address)

174 Winthrop St

Date

June

6

1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Mass

(Cemetery)

(City or town)

DATE OF BURIAL

June 13

19 UNDERTAKER

C. R. Bennett

ADDRESS

Winthrop

Official position

Health Officer

Date of issue

of permit

6/8/22

Permit

No. *443*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-302
 N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts

Registered No. 5387

(Place of death)

City or Town Boston No. ST. ELIZABETHS HOSP Ward St.

Registered No. 124

(Place of residence)

2 FULL NAME ANEAS J. KILBRIDE

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

(a) Residence. State MASS. City or Town WINTHROP No. 217 LINCOLN St.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

16 DATE OF DEATH (month, day, and year) JUNE 5 19 22

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from JUNE 5 19 22, to JUNE 5 19 22, that I last saw h. IM alive on JUNE 5 19 22, and that death occurred, on the date stated above, at 4.55 P. m. The CAUSE OF DEATH* was as follows:

6 DATE OF BIRTH (month, day, and year) JUN. 5. 1888
 7 AGE Years Months Days If LESS than 1 day, hrs. or min. 34

CHR. INTERSTITIAL NEPHRITIS

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED CARPENTER
 (a) Trade, profession, or particular kind of work
 (b) Name of employer

(duration) yrs. mos. ds.
 CONTRIBUTORY CEREBRAL HEMORRHAGE
 (SECONDARY) (duration) yrs. mos. 4 ds.

9 BIRTHPLACE (city or town) P. E. I.
 (State or country)

18 Where was disease contracted if not at place of death?

10 NAME OF FATHER PETER
 11 BIRTHPLACE OF FATHER (city or town) (State or country) P. E. I.
 12 MAIDEN NAME OF MOTHER RACHAEL STEELE
 13 BIRTHPLACE OF MOTHER (city or town) (State or country) P. E. I.

Did an operation precede death? YES Date of JUNE 5
 Was there an autopsy? LUMBAR PUNCTURE
 What test confirmed diagnosis?
 (Signed) J. R. SLATTERY, M.D.
 , 19 22 (Address) JUNE 5

14 Informant JOHN STEELE
 (Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15 Filed JUNE 8 1922 E. W. M. Glenen Registrar of city or town where death occurred
 Filed June 16, 1922 Registrar of city or town where deceased resided

ST. JOSEPHS CEM. JUN. 7 19 22
 20 UNDERTAKER ADDRESS WINTH.
J. F. O' MALEY

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women of home, who are engaged in the duties of the household only (*Not paid Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (void use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs* (name *lung*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely sym.omatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebility" ("Congestive," "Semile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.
 (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 89
City or Town Boston No. 55, 3rd St. + St. Anthony Mass. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Charles F Caracristi
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 55 3rd St. St. Ward St. Anthony Mass.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH Feb 11 1922
(Month) (Day) (Year)7 AGE Years 3 Months 3 Days 20
If LESS than
1 day,..... hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employernone9 BIRTHPLACE (City) Winthrop
(State or country) Mass10 NAME OF FATHER Frederic L Caracristi11 BIRTHPLACE OF FATHER (City) Washington
(State or country) D.C.12 MAIDEN NAME OF MOTHER Thelma L Robey13 BIRTHPLACE OF MOTHER (City) Michigan
(State or country)14 Inferant Frederic L Caracristi
(Address)15 Filed June 12 1922
(Month) (Day) (Year) REGISTRAR

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

L. J. Murray
M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 6 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

May 1, 1922, to June 6, 1922that I last saw him alive on June 4, 1922and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH was as follows:

Autopsy showed Broncho-pneumoniaSubacute(duration) yrs. 2 mos. ds.CONTRIBUTORY (SECONDARY) Thymus hypertrophy
Abscess of Thymus
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Chas. H. Swan, M.D.(Address) 283 Beacon St.Date June 6 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

mt Auburn
(Cemetery) (City or town) June 8, 22

20 UNDERTAKER ADDRESS

W. V. Graham
BostonOfficial position Health Officer 6/8/22 44-2

This is a FEMALE RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The maker worked on many form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Colic," "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until these shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea

(City or town)

1 PLACE OF DEATH

County Suffolk State Mass.City or Town Chelsea No. U.S. Naval Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No. 352
(Place of death)Registered No. 90
(Place of residence)2 FULL NAME Albert E. Smith, Veterans' Bureau Patient
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. State Mass. City or Town Winthrop No. 36 Center St. St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bertha E.6 DATE OF BIRTH (month, day, and year) Sept. 1, 18967 AGE Years Months Days If LESS than
1 day, hrs.
or min.
25 9 7

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Student

(b) Name of employer

9 BIRTHPLACE (city or town) E. Boston, Mass.
(State or country)10 NAME OF FATHER John J.11 BIRTHPLACE OF FATHER (city or town) Manchester, Eng.
(State or country)12 MAIDEN NAME OF MOTHER Emma Burroughs13 BIRTHPLACE OF MOTHER (city or town) Manchester, Eng.
(State or country)14 Informant J.M. Brister, Comdr MC USN
(Address) Naval Hospital, Chelsea15 Filed June 8, 1922
Registrar of city or town where death occurredFiled June 24, 1922
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 192217 I HEREBY CERTIFY, That I attended deceased from
June 3, 1922 to June 8, 1922,that I last saw him alive on June 8, 1922,and that death occurred, on the date stated above, at 5.25 a.m.
The CAUSE OF DEATH* was as follows:Gastric Ulcer (secondary)Dilatation of stomach acute

(duration) yrs. mos. ds.

CONTRIBUTORY Inanition
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of June 3Was there an autopsy? YesWhat test confirmed diagnosis? Findings of Autopsy(Signed) J.S. Woodward, M.D.
, 19 (Address) Naval Hospital, Chelsea

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Mass.

DATE OF BURIAL

June 9 1922

20 UNDERTAKER

C.H. Faunce

ADDRESS

Chelsea

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesias* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomate), "Atrophy," "Colicape," "Coma," "Convulsions," "Lebility," "Hemorrhage," "Insanition," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Meningitis," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certhastes will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, kangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town)

1 PLACE OF DEATH
County **Suffolk** State **Massachusetts** Registered No. **91**

City or Town **WINTHROP** No. **48 Sargent Street** St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **William Sanby**
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **48 Sargent St** St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred **22** years months days. How long in U. S., if of foreign birth? **47** years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5a If married, widowed or divorced HUSBAND of **Susan J. Sanby** (or) WIFE of

6 DATE OF BIRTH **April 16 1854**
(Month) (Day) (Year)

7 AGE Years Months Days if LESS than 1 day, hrs. or mio.
65 1 25

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Builder & Contractor**
(b) Name of employer **Himself**

9 BIRTHPLACE (City) **England**
(State or country)

10 NAME OF FATHER **James Sanby**

11 BIRTHPLACE OF FATHER (City) **England**
(State or country)

12 MAIDEN NAME OF MOTHER **unable to obtain**

13 BIRTHPLACE OF MOTHER (City) **" " "**
(State or country)

14 Informant **Susan J. Sanby**
(Address) **48 Sargent St Wintthrop**

15 Filed **June 24 1922**
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **June 10 1922**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **June 10 1922** to **June 10 1922**, that I last saw him alive on **June 10 1922**, and that death occurred, on the date stated above, at **10 P. M.**
The CAUSE OF DEATH was as follows:

Angina Pectoris

(duration) yrs. mos. ds.
CONTRIBUTORY **General Arterio Sclerosis**
(SECONDARY)

18 Where was disease contracted if not at place of death? **FOR WHAT?**
(duration) yrs. mos. ds.

Did an operation precede death? **NO** Date of.

Was there an autopsy? **NO**

What test confirmed diagnosis? **NO**

(Signed) **Harvey Atchell** M.D.

(Address) **200 Pleasant St**

Date **June 12 1922**
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **Wintthrop Mass**
(Cemetery) **Wintthrop** (City or town) DATE OF BURIAL **June 13th 1922**

20 UNDERTAKER **C. R. Pennington** ADDRESS **Wintthrop Mass**

Official position **Health Officer** Date of issue of permit **6/13/22** Permit No. **476**

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Handwritten notes on right margin

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupation of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (*retired*, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Necrosis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Necrosis* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Colic," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc.), when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purpura *septicaemia*," "Puerperal *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *92*
City or Town *Winthrop* No. *Melrose Hospital* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Melissa Clark White*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *290 Shirley St* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Charles*
6 AGE Years *33* Months *5* Days *23* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Housewife*
(b) Name of employer

8 BIRTHPLACE (City) *Brockton*
(State or country) *Mass*

9 NAME OF FATHER *Wm Tolman*
10 BIRTHPLACE OF FATHER (City) *Providence*
(State or country) *R.I.*
11 MAIDEN NAME OF MOTHER *Alice Talbot*
12 BIRTHPLACE OF MOTHER (City) *Maine*
(State or country)

13 Informant *Charles White*
(Address) *Winthrop Mass*

14 Filed *June 12 1922*
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *June 12 1922*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *June 11 1922* to *June 12 1922*, that I last saw her alive on *June 12 1922*, and that death occurred, on the date stated above, at *4:30 A. M.*
The CAUSE OF DEATH was as follows:
Toxemia of Pregnancy
acute Nephritis

(duration) _____ yrs. *2* mos. _____ ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? *at home*

Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis? *Personal examination*
(Signed) *Raymond B Parker*, M.D.
(Address) *Winthrop Mass*
Date *June 12 1922*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Melrose Cem Brockton*
(Cemetery) (City or town) DATE OF BURIAL *June 15 1922*

19 UNDERTAKER *C. H. Lawrence* ADDRESS *Chelsea*

Official position *Health Officer* Date of issue of permit *6/12/22* Permit No. *442*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, pericereum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Pancr." is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria*: *Worshipping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or by a selectman who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass.* Registered No. *93*
City or Town *Winthrop* No. *85 Crest ave.* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Sarah L Verrill*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *85 Crest ave.* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *female*
4 COLOR OR RACE *white*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of *George Sandersverill*
6 AGE Year *78* Months _____ Days _____ If LESS than 1 day, _____ hrs. of _____ mo.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *House wife*
(b) Name of employer _____

8 BIRTHPLACE (City) *Alexandria*
(State or country) *N. H.*

9 NAME OF FATHER *Luke Gale*

10 BIRTHPLACE OF FATHER (City) *Alexandria*
(State or country) *N. H.*

11 MAIDEN NAME OF MOTHER *Lewis Perkins*

12 BIRTHPLACE OF MOTHER (City) *Alexandria*
(State or country) *N. H.*

13 Informant *Ina B Verrill*
(Address) *85 Crest ave daughter*

14 Filed *June 24 1922*
(Month) (Day) (Year) REGISTRAR _____

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *June 15 1922*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *May 26 1922* to *June 15 1922*
that I last saw him alive on *June 15 1922*
and that death occurred, on the date stated above, at *1:00* m.
The CAUSE OF DEATH was as follows:

Senility
Arterio sclerosis
Senile (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY *Senile Pneumonia*
(SECONDARY) *May 26 to June 6* (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? *X*

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *Clinical*

(Signed) *Orville E Johnson* M.O.
(Address) *123 Winthrop St*
Date *June 16 1922*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Bristol* *N. H.* DATE OF BURIAL *6/18 1922*
(Cemetery) (City or town)

19 UNDERTAKER *E R Bennison* ADDRESS *Winthrop*

Official position *Health Officer* Date of issue of permit *6/16/22* Permit No. *446*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal-miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Examples: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtmia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Delirium" ("Congestional," "Sania," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as for the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wrentham
(City or town) 94

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 94
City or Town Wrentham No. 14 Eglinton Park St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Henry Hayes
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 14 Eglinton Park St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wright Hayes
6 AGE Years 54 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

15 DATE OF DEATH June 17 1922
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from March 27 1922 to June 17 1922
that I last saw him alive on June 16 1922
and that death occurred, on the date stated above, at 8:30 a. m.
The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here

Intestinal Carcinoma with metastasis in liver and lungs

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Broker
(b) Name of employer _____

CONTRIBUTORY (duration) _____ yrs. _____ mos. _____ ds.
(SECONDARY) Cirrhosis of liver
Several (duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (City) Fredrickton
(State or country) New Brunswick

17 Where was disease contracted if not at place of death? X

9 NAME OF FATHER George W. Hayes
10 BIRTHPLACE OF FATHER (City) England
(State or country) _____
11 MAIDEN NAME OF MOTHER Charlotte Waller
12 BIRTHPLACE OF MOTHER (City) Canada
(State or country) _____

Did an operation precede death? no Date of X
Was there an autopsy? no
What test confirmed diagnosis? X ray & clinical
(Signed) Oswell E. Johnson, M.D.
(Address) Wrentham
Date June 19 1922
(Month) (Day) (Year)

13 Informant Elizabeth Wright Hayes
(Address) 14 Eglinton Park Wrentham Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Brookdale Dedham
(Cemetery) (City or town) DATE OF BURIAL 6/19 1922

14 Filed June 24 1922
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER E R Bemison ADDRESS Wrentham

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. S. A. Mowry
9.8

Official position Health Officer Date of issue of permit 6/19/22 Permit No. 447

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles: Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *89 ds.; Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestional," "Saddle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicemia," "PERIPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Mass Registered No. 95
City or Town Wintthrop No. 224 Bowdoin St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frances Elizabeth Bogle
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 224 Bowdoin St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced Widow
HUSBAND of Lyman H. Bogle
(or) WIFE of

6 AGE Years 69 Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED Nurse
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Portland
(State or country) Me

9 NAME OF FATHER James G. Jones

10 BIRTHPLACE OF FATHER (City) Falmouth
(State or country) Mass

11 MAIDEN NAME OF MOTHER Sarah G. Ellis

12 BIRTHPLACE OF MOTHER (City) Calais
(State or country) Me

13 Informant Mrs Jones
(Address) 24. Belcher St Wintthrop

14 Filed June 24 1922
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 20 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 8, 1922, to June 20, 1922, that I last saw her alive on June 19, 1922, and that death occurred, on the date stated above, at 5 a m. The CAUSE OF DEATH was as follows:

Serivility
Several (duration) yrs. mos. ds.
CONTRIBUTORY Arterio-sclerosis
(SECONDARY)
Several (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Oswell E Johnson, M.D.
(Address) 125 Wintthrop St
Date June 21 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery
(Cemetery) Wintthrop (City or town) DATE OF BURIAL 6/22/22

19 UNDERTAKER B R Bennett ADDRESS Wintthrop Mass

Official Health Officer J. A. Mowry Date of issue of permit 6/22/22 Permit No. 478

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer retired, 6 yrs.* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia?"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *10 ds. Never report mere symptoms or terminal conditions, such as Menses (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septemia," "Puerperal peritonitis," etc.*

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which solve any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wenatch
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 96
City or Town Wenatch No. 128 College Park Rd St., 128 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Franklin Oburg
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence, No. 128 College Park Road, Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 14 years 4 months 0 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L. Oburg
6 AGE Year 64 Months X Days 16 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Vice President Boston
(b) Name of employer Merucci Chem Co

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

9 NAME OF FATHER John Oburg
10 BIRTHPLACE OF FATHER (City) Sweden
(State or country)
11 MAIDEN NAME OF MOTHER Mary, C. Murray
12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

13 Informant Annie L. Oburg
(Address) 128 College Park Wenatch

14 Filed June 24 1922
(Month) (Day) (Year)
REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 20 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 17 1922, to June 20 1922
that I last saw him alive on June 20 1922
and that death occurred, on the date stated above, at 10:00 p.m.
The CAUSE OF DEATH was as follows:
Injuria Cerebri

CONTRIBUTORY (SECONDARY) acute indigestion
(duration) yrs. mos. ds.
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Hurway A. Kelly, M.D.
(Address) 200 Pleasant
Date June 22 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Wenatch Mass
(Cemetery) Wenatch (City or town)
DATE OF BURIAL June 23 22

19 UNDERTAKER C. H. R. Benson
ADDRESS Wenatch Mass

Official position Health Officer Date of issue of permit 9/23/22 Permit No. 479

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indented); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Coma," "Convulsions," "Delirium," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 89, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
 County *Suffolk* State *Mass* Registered No. *97*
 City or Town *Wentworth* No. *155 Pauline St* St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Elizabeth Davis Hamilton Belcher*
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. *155 Pauline* St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred *45* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*
 4 COLOR OR RACE *white*
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
 5a If married, widowed, or divorced ~~HOUSBAND~~ of *Walter Emerson Belcher* (last) WIFE of _____
 6 AGE Years *74* Months *7* Days *27*
 If LESS than 1 day, _____ hrs. or _____ min.
 If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *at home*
 (b) Name of employer

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

9 NAME OF FATHER *Enoch Small*
 10 BIRTHPLACE OF FATHER (City) *Belleville*
 (State or country) *Boston Mass*
 11 MAIDEN NAME OF MOTHER *Sarah Lickeman*
 12 BIRTHPLACE OF MOTHER (City) *Haverhill*
 (State or country) *Mass*

13 Informant *Warren Belcher*
 (Address) *155 Pauline St Wentworth*

14 Filed *June 24 1922*
 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *June 21 1922*
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *May 8*, 19*22*, to *June 21*, 19*22*, that I last saw him alive on *June 20*, 19*22*, and that death occurred, on the date stated above, at *3:20 a*. m. The CAUSE OF DEATH was as follows:

Cerebral Arterio-sclerosis

one (duration) yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) *Senility*
Several (duration) yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
 Did an operation precede death? *no* Date of _____
 Was there an autopsy? *no*
 What test confirmed diagnosis? *Clinical*
 (Signed) *Owelle E Johnson*, M.D.
 (Address) *125 Webster St*
 Date *June 21 1922*
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wentworth*
 (Cemetery) *Wentworth* (City or town) *Wentworth*
 DATE OF BURIAL *June 23 22*

19 UNDERTAKER *C-R. Cannon*
 ADDRESS *Wentworth*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *J. A. Maury*
 Official position *Health Officer* Date of issue of permit *6/23/22* Permit No. *450*

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "Pneumonia," unqualified, is indelible); *Tuberculosis of lungs, meningis, peritonaeum*, etc. *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *2d ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Aremia" (merely syndromatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given shall certify the cause of death shall therefore furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH

County *Suffolk*
City or Town *Waltham*

State *Mass*

Registered No. *97*

No. *155 Pauline St* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Elizabeth Davis Hamilton Belcher
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *155 Pauline* St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *45* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5a If married, widowed, or divorced ~~HUSBAND of~~ *Widow* ~~(or) WIFE of~~ *Warren Emerson Belcher*

6 AGE Years *74* Months *2* Days *29* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *at home* (b) Name of employer

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

9 NAME OF FATHER *Enoch Small*

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

11 MAIDEN NAME OF MOTHER *Sarah Leckerman*

12 BIRTHPLACE OF MOTHER (City) *Amherst Mass* (State or country)

13 Informant *Warren Belcher* (Address) *155 Pauline St Waltham*

14 Filed *June 24 1922* (Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *June 21 1922* (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *May 8* 19*22*, to *June 21* 19*22*, that I last saw him alive on *June 20* 19*22*, and that death occurred, on the date stated above, at *3:20* a.m. The CAUSE OF DEATH was as follows:

Cerebral Arterio-sclerosis

one (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) *Senility*

Several (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *Clinical*

(Signed) *Orville E Johnson*, M.D.

(Address) *125 Webster St*

Date *June 21 1922* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Waltham* (Cemetery) *Waltham* (City or town) DATE OF BURIAL *June 23 22*

19 UNDERTAKER *C-R. Cannon* ADDRESS *Waltham*

Official position *Health Officer* Date of issue of permit *6/23/22* Permit No. *450*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, coliculis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phibolitis, pyemia, septicaemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop.
BOSTON
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

48

City or Town

Boston Winthrop, 38 Irwin Street Winthrop, Ward

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

2 FULL NAME

Hillary W. Roberts

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

38 Irwin Street Winthrop.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Elizabeth E. Roberts

6 DATE OF BIRTH

Jan 31 1837.

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

85

6

1 day,.....hrs.

ormin.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Ship Carpenter

(b) Name of employer

9 BIRTHPLACE (City)

Murry Harbor P.E.I.

(State or country)

10 NAME OF
FATHER

Hillary W. Roberts

11 BIRTHPLACE OF
FATHER (City)

England.

(State or country)

12 MAIDEN NAME
OF MOTHER

Harriet Brice.

13 BIRTHPLACE OF
MOTHER (City)

England.

(State or country)

14

Informant
(Address)Mrs. H. A. Woodside.
38 Irwin St.

15

Filed

July 7, 1922
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedS. R. Mowry
J. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 1 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Aug. 10, 1920 to July 1, 1922

that I last saw him alive on June 28, 1922

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH was as follows:

Cancer of bladder
and prostate gland

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lewis B. Bump M.D.

(Address) 124 Spear

Date July 11, 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn Everett July 3

(Cemetery)

(City or town)

DATE OF BURIAL

20 UNDERTAKER

J. S. Waterman & Son Boston.

ADDRESS

Official
position

Health officer

Date of
issue

7/3/22

Permit
No.

457

should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* or who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (Retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesenteric disease causing death, 29 ds.; Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

302
 N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. **6170**
 (Place of death)

City or Town **Boston** No. **MASS. CHAR. EYE & EAR INF. St.** Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **125**
 (Place of residence)

2 FULL NAME

AMELIA TAIT

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **90 SHORE DRIVE** St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED **SIN.**

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6 DATE OF BIRTH (month, day, and year) - - - - -

7 AGE Years Months Days If LESS than I day, hrs. or min.
75

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) Name of employer

9 BIRTHPLACE (city or town) **MT. PLEASANT**
 (State or country) **N. S.**

10 NAME OF FATHER **WILLIAM TAIT**

11 BIRTHPLACE OF FATHER (city or town) - - - - -
 (State or country)

12 MAIDEN NAME OF MOTHER - - - - -

13 BIRTHPLACE OF MOTHER (city or town) - - - - -
 (State or country)

14 Informant **H. H. TAIT**
 (Address)

15 Filed **JUL. 5**, 1922 **E. W. M. Glenen**
 Registrar of city or town where death occurred
 Filed **Sept. 16**, 1922
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **JULY 6 1922**

17 I HEREBY CERTIFY, That I attended deceased from
JUNE 24, 19**22**, to **JULY 6**, 19**22**,
 that I last saw h. **ER** alive on **JULY 5**, 19**22**,

and that death occurred, on the date stated above, at **5.30 A. M.**
 The CAUSE OF DEATH* was as follows:

CEREBRAL HEMORRHAGE

CONTRIBUTORY **ARTERIO-SCLEROSIS**
 (SECONDARY)
 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
 (Signed) **J. F. ROOT**, M.D.
 , 1922 (Address) **JULY 6**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **CEDAR GROVE** DATE OF BURIAL **JULY 8 1922**

20 UNDERTAKER **J. S. WATERMAN & SONS** ADDRESS

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

Statement of occupation.— Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Leominster engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disaster causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely sym:tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebidity," "Congestial," "Senile," etc.); "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease to be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died! . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 14.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

49

City or Town

Boston

No.

Metcalf Hospital

St.

Ward

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

2 FULL NAME

Julia E. Walsh

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

457 Shirley

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

June

(Month)

29

(Day)

1922

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

—

—

8

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

None

(b) Name of employer

9 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

10 NAME OF
FATHER

Thomas E. Walsh

11 BIRTHPLACE OF
FATHER (City)

Charlestown

(State or country)

Mass.

12 MAIDEN NAME
OF MOTHER

Julia Jordan

13 BIRTHPLACE OF
MOTHER (City)

Roslery

(State or country)

Mass.

14

Informant

Thomas E. Walsh

(Address)

457 Shirley St

15

Filed

July 29, 1922

(Month)

(Day)

(Year)

REGISTRAR

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

S. A. Mowry

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July

7th

(Day)

1922

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

June 29th, 1922, to July 7th, 1922

that I last saw her alive on

July 7th, 1922

and that death occurred, on the date stated above, at 121 Mdyt

The CAUSE OF DEATH was as follows:

Premature delivery (six mos.)

lack of vitality

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted

if not at place of death? FOR WHAT?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

B. J. Metcalf

M.D.

(Address)

124 W. Shirley St. Winthrop, Mass.

Date

July

7

(Month)

Day

1922

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Benedict's Rox

(Cemetery)

(City or town)

DATE OF BURIAL

July 10th 1922

20 UNDERTAKER

Bernard J. McManis Hill St.

ADDRESS

123 Rylher

Official position

Health Officer

Date of issue of permit

7/8/22

Permit

No. 453

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Stryker*, (b) *Coal mine*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Doctor," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthmia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on a statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the solo cause of death: Abortion, coliculis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

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

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 11, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or from the clerk of the city or town in which the person died. . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 33.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS*Boston notified*
The Commonwealth of Massachusetts

12, 501

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Mass. Registered No. 100
City or Town Wentworth No. 104 Highland Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Stephen Laskey

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Hotel Puritan, Boston St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married5a If married, widowed, or divorced
HUSBAND of Abbigally Laskey
(or) WIFE of6 DATE OF BIRTH Jan (Month) 29 (Day) 1948 (Year)7 AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.
74 5 10

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer9 BIRTHPLACE (City) Bath
(State or country) Maine10 NAME OF FATHER Wilber11 BIRTHPLACE OF FATHER (City) Unknown
(State or country)12 MAIDEN NAME OF MOTHER Mary Hughes13 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)14 Informant Abbigally Laskey
(Address) Puritan Hotel - Boston15 Filed July 29, 1922
(Month) (Day) (Year)

REGISTRAR

21 Burial permit issued by S. A. MayberryOfficial position Health Officer 22 Date of issue 7/11/22Permit No. 453

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 10 (Day) 1922 (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Cause:
Presumably haemorrhage
Spontaneous of the Brain
(did suddenly without
medical attendance.)

(See reverse side for description for unknown person)

18 Where was injury sustained if not at place of death?

(Signed) George Burger Magnath, M.D.
(Address)Medical Examiner for SuffolkDate July (Month) 11 (Day) 1922 (Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

Rochester Wisconsin July 13-22
(Cemetery) (City or town) (Month) (Day) (Year)

20 UNDERTAKER

ADDRESS 2326 Wash St
BostonJ. S. Waterman & Sons

MARGIN RESERVED FOR BINDING

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

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

July 10, 1922.
Marianne M. M. M.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 101
City or Town Boston No. 44 Trident Ave. St. Winthrop Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Winthrop
Rosa Dinsfriend
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 44 Trident Ave. St. Winthrop Ward Winthrop
(Usual place of abode) (If non-resident give city or town and State)Length of residence in city or town where death occurred 10 years months days. How long in U. S., if of foreign birth? 37 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(write the word)5a If married, widowed, or divorced
HUSBAND of Adolph
(or) WIFE of

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE Years Months Days If LESS than
65 1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer9 BIRTHPLACE (City) Germany
(State or country)10 NAME OF FATHER Morris Hyman11 BIRTHPLACE OF FATHER (City) Germany
(State or country)12 MAIDEN NAME OF MOTHER Rachael cannot be13 BIRTHPLACE OF MOTHER (City) Germany
(State or country)14 Informant Adolph Dinsfriend
(Address) 44 Trident Ave15 Filed July 29, 1922
(Month) (Day) (Year)

REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 13 - 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 8 - 1922, to July 13 - 1922
that I last saw her alive on July 13 - 1922
and that death occurred, on the date stated above, at 3.30 P.M.
The CAUSE OF DEATH was as follows:DIABETECONTRIBUTORY Arterio-sclerosis (chronic)
(SECONDARY) (duration) 14 yrs. mos. ds.18 Where was disease contracted if not at place of death? (duration) 4 yrs. mos. ds.Did an operation precede death? FOR WHAT? Date of

Was there an autopsy?

What test confirmed diagnosis? clinical & lab. tests(Signed) Mitchell Gross M.D.(Address) 163 Merrimack St 2BDate July 13 - 1922
(Month) (Day) (Year)19 PLACE OF BURIAL, CREMATION, OR REMOVAL Ohel Jacob Cem DATE OF BURIAL July 14th 1922
(Cemetery) (City or town)

20 UNDERTAKER ADDRESS

Mamef Slavitsky BostonOfficial position Health Officer Date of issue 7/14/22 Permit No. 454

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archivist, Locomotive engineer, Gift engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children not gainfully employed as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Oma," "Convulsions," "Debility" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misadventure, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendation on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus,

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 84, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 84, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners will investigate and certify to all deaths 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.

R-302
 N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

6322

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. (Place of death)

City or Town **Boston** No. **MASS. GEN. HOSPT.** St. **Ward**

Registered No. (Place of residence)

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

2 FULL NAME **MAX ABRAMOVITZ**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS** City or Town **WINTHROP** No. **20 WAVEWAY AVE - St.**

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**

16 DATE OF DEATH (month, day, and year) **JULY 13 1922**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **SARAH**

17 I HEREBY CERTIFY, That I attended deceased from **JULY 3**, 19 **22**, to **JULY 13**, 19 **22**, that I last saw him alive on **JULY 13**, 19 **22**,

6 DATE OF BIRTH (month, day, and year) -----

and that death occurred, on the date stated above, at **6.20A.** m. The CAUSE OF DEATH* was as follows:

7 AGE Years Months Days If LESS than 1 day,.....hrs. or.....min. **55**

HEMATEMESIS

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **TAILOR** (b) Name of employer

(GASTRIC ULCER)

9 BIRTHPLACE (city or town) **RUSSIA** (State or country)

CONTRIBUTORY **BRONCHO-PNEUMONIA** (SECONDARY) (duration).....yrs.....mos. **13** ds. (duration).....yrs.....mos. **2** HRS ds.

10 NAME OF FATHER **SAMUEL ABRAMOVITZ**

18 Where was disease contracted if not at place of death?

11 BIRTHPLACE OF FATHER (city or town) **RUSSIA** (State or country)

Did an operation precede death? Date of.

12 MAIDEN NAME OF MOTHER **HANNAH** -----

Was there an autopsy?

13 BIRTHPLACE OF MOTHER (city or town) **RUSSIA** (State or country)

What test confirmed diagnosis?

(Signed) **N. W. FAXON** M.D. , 19 **22** (Address) **JUL. 13**

14 Informant **WIFE** (Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

BETH ABRAHAM

JUL. 13 19 22

15 Filed **JUL. 15**, 19 **22** **E. W. M. Glenn** Registrar of city or town where death occurred

20 UNDERTAKER ADDRESS

MANUEL STANETSKY

Filed **July 16**, 19 **22** Registrar of city or town where deceased resided

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fitter, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Cool mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia; Bronchopneumonia* ("Pneumonia," unqualified is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Examples: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbhenia," "Anemia" (merely sym. tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebility," ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUPERAL septicemia," "PUPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . The shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Lexington

(City or town)

1 PLACE OF DEATH

County Middlesex State Mass.City or Town Lexington No. 29 Waltham St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No.
(Place of death)Registered No. 107
(Place of residence)2 FULL NAME Mary L. Potter
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. State Mass. City or Town Winthrop No. 21 Pleasant St.
(Usual place of abode)Length of residence in city or town where death occurred years 6 months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widow5a If married, widowed, or divorced
HUSBAND of Charles H. Potter
(or) WIFE of 6 DATE OF BIRTH (month, day, and year) Aug. 11, 18327 AGE Years Months Days If LESS than
89 11 3 1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) Name of employer

9 BIRTHPLACE (city or town) East Concord
(State or country) New Hampshire

PARENTS

10 NAME OF FATHER Thompson Tenney11 BIRTHPLACE OF FATHER (city or town) Loudon
(State or country) New Hampshire12 MAIDEN NAME OF MOTHER Harriet M. Collier13 BIRTHPLACE OF MOTHER (city or town) Hopkin
(State or country) New Hampshire14 Informant Mrs. Frank A. Douglas
(Address) 21 Pleasant St. Winthrop, Mass.15 Filed July 14, 19 22 Arthur W. Hatch
Registrar of city or town where death occurredFiled July 17, 19 22
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14, 19 2217 I HEREBY CERTIFY, That I attended deceased from
May, 19 22 to July 14, 19 22
that I last saw her alive on July 13, 19 22and that death occurred, on the date stated above, at 9:30 A.
The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Heart disease
valvular-both aortic & mitral

(duration) yrs. mos. ds.

CONTRIBUTORY Old age
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? no Date of Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Odin Tilton M.D.
, 19 (Address) Lexington, Mass. 7/14/22

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

East Concord, N. H.July 15, 19 22

20 UNDERTAKER

ADDRESS

Arthur A. Marshall & Son
Lexington,

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, *first*, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Conjunctival," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of *Contributory*, on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Strangulation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

103

City or Town

Boston

No.

54 Sea Hoam Ave. Ward

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

2 FULL NAME

Winthrop
Cyrille Stearns

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

54 Sea Hoam Ave.

St.

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

July 26th 1922

(Month)

(Day)

(Year)

7 AGE

Years

X

Months

X

Days
26

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

Winthrop, Mass.

(State or country)

10 NAME OF
FATHER

David Stearns

11 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

12 MAIDEN NAME
OF MOTHER

Minnie Aaron

13 BIRTHPLACE OF
MOTHER (City)

New York City

(State or country)

14

Informant

D. Stearns

(Address)

54 Sea Hoam Ave.

15

Filed

July 29 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedS. A. Mowry
9/2

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July

22

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

July 20, 1922, to July 21, 1922

that I last saw her alive on July 21, 1922

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH was as follows:

Pneumonia

Broncho-pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

None

(Signed) Samuel W. Myer, M.D.

(Address) 34 West End St

Date July 23 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Adolph Jeshury Cem.

DATE OF BURIAL

July 23 1922

20 UNDERTAKER

Maurice Stanetsky Boston

ADDRESS

Official Health Officer of permit

Date of
issue

7/27/22

Permit

No. 453

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Artistical, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service, for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia," *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria: Malarial fever; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on a statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *104*
City or Town *Winthrop* No. *82 Crystal Cove ave* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Helen. Blunsdell Weathers*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *82 Crystal Cove ave* St. *Ward.*
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred *9* years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

15 DATE OF DEATH *July 28 1922*
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of *William E. Weathers*
(or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from
July 27 1922, to *July 28 1922*
that I last saw h. *alive on* *July 28 1922*

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
29 4 7

and that death occurred, on the date stated above, at *4 P* m.
The CAUSE OF DEATH was as follows:
Diabetic Coma

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at home*
(b) Name of employer

(duration) *20* yrs. mos. ds.

8 BIRTHPLACE (City) *Leicester Me*
(State or country)

CONTRIBUTORY *both*
(SECONDARY)
(duration) yrs. mos. ds.

9 NAME OF FATHER *Samuel G. Blunsdell*

17 Where was disease contracted if not at place of death?

10 BIRTHPLACE OF FATHER (City) *East Franklin Me*
(State or country)

Did an operation precede death? *no* Date of

11 MAIDEN NAME OF MOTHER *Mary Hall*

Was there an autopsy? *no*

12 BIRTHPLACE OF MOTHER (City) *Orleans Me*
(State or country)

What test confirmed diagnosis?
(Signed) *Charles M. ... M.D.*

13 Informant *William E. Weathers*
(Address) *82 Crystal Cove ave Winthrop*

(Address) *356 ...*

Date *July 29 1922*
(Month) (Day) (Year)

14 Filed *Aug 1 1922*
(Month) (Day) (Year) REGISTRAR

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop* DATE OF BURIAL *7/30/22*
(Cemetery) (City of town)

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

19 UNDERTAKER *G R Penn* ADDRESS *Winthrop*

Official position, *Health officer* Date of issue of permit *7/29 22* Permit No. *456*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only, need not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs, meningitis, peritonitis*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria*; *Whooping cough, Chronic tubular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Hemorrhage," "Sanda," etc.), "Dropsy," "Exhaustion," "Heart failure," "Congestive," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

105

City or Town

~~Boston~~
Winthrop

No.

72 Park Ave Winthrop Beach
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

May Muskell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

72 Park Ave

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

3

years

months

days

How long in U. S., if of foreign birth?

70

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widowed

16 DATE OF DEATH

Aug

1

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

July 15, 1922, to Aug 1, 1922

that I last saw her alive on July 7, 1922

and that death occurred, on the date stated above, at 10:40 a. m.

The CAUSE OF DEATH was as follows:

myocarditis
arterio-sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles J. Mahoney, M.D.

(Address) 35 South St

Date Aug 2 1922
(Month) (Day) (Year)

PARENTS

9 BIRTHPLACE (City)
(State or country)

Ireland

10 NAME OF FATHER

Peter Mulroy

11 BIRTHPLACE OF FATHER (City)
(State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Catharine Smith

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

Ireland

14

Informant

(Address)

Mrs Patrick Gaffney
72 Park Ave

19 PLACE OF BURIAL, CREMATION OR REINTERMENT

St. Michael's Church
(Cemetery) Winthrop

DATE OF BURIAL

Aug 3, 22

20 UNDERTAKER

John Conolly

ADDRESS

1409 Market St
Boston

Filed

Aug 10 1922
(Month) (Day) (Year)

REGISTRAR

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

Official position Health Officer

Day of issue of permit

August 22, 1922 No. 457

Permit

No.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc. (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asplenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Roxbury notified
The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Winthrop Suffolk* State *Mass* Registered No. *106*
City or Town *Winthrop* No. *Fort Banks* St. *Fort Banks* Ward *Fort Banks*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Wilfred Manning Jr.* (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *1422 Columbus Ave* St. *Fort Banks* Ward *Roxbury*
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single.*

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here
Stillborn.

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) *Fort Banks*
(State or country) *Winthrop*

9 NAME OF FATHER *Wilfred J. Manning.*

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

11 MAIDEN NAME OF MOTHER *Katherine Vierkant.*

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

13 Informant *Wilfred J. Manning*
(Address) *Fort Banks Winthrop Mass.*

14 Filed _____ (Month) (Day) (Year) REGISTRAR *St. Mowry*

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *August 2, 1922*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:

Stillborn

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) *Olav Whayton* M.D.

(Address) *Capt. M.C. Ft. Banks, Mass.*
Date *August 2, 1922*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Winthrop*
(Cemetery) (City or town) DATE OF BURIAL *August 3, 1922*

19 UNDERTAKER *CR Bennison* ADDRESS *Winthrop*

Official Health Officer *St. Mowry* Date of issue *Aug 3, 1922* Permit No. *458*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The maternal worked on many form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia."); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *98 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 98, Sec. 7.*

RULES OF PRACTICE

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

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

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

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk State MassachusettsCity or Town BostonNo. NEW ENG. DEACONESS HOSPITAL St. Ward

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

Registered No. 6877

(Place of death)

Registered No. 122

(Place of residence)

2 FULL NAME HARRIET E. JONES

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS.City or Town WINTHROP No. 54 CENTRE St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

JOSEPH H.6 DATE OF BIRTH (month, day, and year) SEPT. 7. 18617 AGE Years 60 Months 10 Days 27 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

AT HOME

(b) Name of employer

9 BIRTHPLACE (city or town) CENTRAL FALLS (State or country) R. I.

PARENTS

10 NAME OF FATHER LUKE ENSWORTH11 BIRTHPLACE OF FATHER (city or town) (State or country) ENGLAND12 MAIDEN NAME OF MOTHER -----13 BIRTHPLACE OF MOTHER (city or town) (State or country) ENGLAND14 Informant HUSBAND (Address)15 Filed Aug 9, 19 22 E. W. M. Glenen Registrar of city or town where death occurredFiled AUG 9, 19 22 Sept 16, 22 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG. 4. 19 2217 I HEREBY CERTIFY, That I attended deceased from JULY 25, 19 22, to AUG. 4., 19 22, that I last saw hER alive on AUG. 4., 19 22,and that death occurred, on the date stated above, at 3.15 P m. The CAUSE OF DEATH* was as follows:CARCINOMA COLON..... (duration) yrs. 11 mos. ds. CONTRIBUTORY DIABETES MELLITUS (SECONDARY) (duration) 6 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of JUL. 31.

Was there an autopsy?

What test confirmed diagnosis? H. F. ROOT (Signed) M.D. , 19 22 (Address) AUG. 4.19 PLACE OF BURIAL, CREMATION, OR REMOVAL WILLIMANTIC. CONN. DATE OF BURIAL AUG. 7. 19 2220 UNDERTAKER F. E. BROWN ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely sym. tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Eclampsy" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 2*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. **107**
City or Town **Winthrop Boston** No. **46 Wave Way Ave.** St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jennie S. Marcus

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **46 Wave Way Ave.** St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? **31** years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **Hymen Marcus**

6 DATE OF BIRTH **Sept. 5 1861**
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
60 10 28

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Housewife** (b) Name of employer

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

10 NAME OF FATHER **Joseph Jacobson**

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

12 MAIDEN NAME OF MOTHER **Rachel (unknown)**

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

14 Informant **Meyer Marcus** (Address) **7 Pine Island St. Rox.**

15 Filed **Aug 16 1922** REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **Aug 5 1922**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **Aug 1**, 19**22**, to **Aug 5**, 19**22** that I last saw her alive on **Aug 5**, 19**22** and that death occurred, on the date stated above, at **12:45 P.** m. The CAUSE OF DEATH was as follows: **Diabetes mellitus**

(duration) **about 10** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **anemia** (duration) **1** yrs. mos. ds.

18 Where was disease contracted if not at place of death? **FOR WHAT?**

Did an operation precede death? **no** Date of _____

Was there an autopsy? **no**

What test confirmed diagnosis? **Urine**
(Signed) **Albert Astrin** M.D.
(Address) **32 Wave Way Ave. Winthrop**
Date **Aug 5 1922**
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **Mount Montfort** DATE OF BURIAL **Aug 6 1922**
(Cemetery) (City or town)

20 UNDERTAKER **Meyer Marcus + Son + Benet Hillside** ADDRESS **140 Fox**
Official position **Health Officer** Date of issue of permit **8/5/22** Permit No. **469**

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Lacemaking engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Stitcher*, (b) *Calton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Declar," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Cart mite*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Branchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Branchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Trania," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Branchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

1 PLACE OF DEATH

(Dist. No. 4560)
To be inserted by Registrar

New York State Department of Health

DIVISION OF VITAL STATISTICS

108

County SaratogaTown Malta

Village

City

STANDARD CERTIFICATE OF DEATH

STATE OF NEW YORK

Registered No. IF

(No. _____ St.; _____ Ward)

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

2 FULL NAME John Mae Guarrie(18a) Residence No. Winthrop, Mass. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED,
OR DIVORCED (Write the word) Married5a IF MARRIED, WIDOWED OR DIVORCED
HUSBAND OR (OR) WIFE OF Annie McRae6 DATE OF BIRTH May 1, 1853
(Month) (Day) (Year)7 AGE Years Months Days If LESS than 1
69 3 7 day, how many
hrs. or min.?8 OCCUPATION Real Estate
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer9 BIRTHPLACE (City or Town) Hampton
(State or Country) Rhode Island10 NAME OF FATHER Don't know11 BIRTHPLACE OF FATHER (City or Town) "
(State or Country) "12 MAIDEN NAME OF MOTHER "13 BIRTHPLACE OF MOTHER (City or Town) "
(State or Country) "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Grace Mae Guarrie
(Address) 455 Shirley St. - Winthrop, Mass.15 Filed Aug. 8, 1922 Emma McKean
REGISTRAR16 DATE OF DEATH Aug 8, 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from
Coroner's Case, 19____,
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date stated above, at 11:30 AM
The CAUSE OF DEATH * was as follows:
A dema of lungsCONTRIBUTORY Chr. Endocarditis
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Duration) _____ yrs. _____ mos. _____ ds.

18b Where was disease contracted,
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Robt. B. Castree, Coroner, M. D.Aug 8, 1922 (Address) Ballston Spa, N.Y.*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Winthrop, Mass. Aug. 11, 1922

20 UNDERTAKER ADDRESS

Robert L. Carter Ballston SpaAug. 8 - 1922 N.Y.

Burial or Transit

Permit issued by Emma McKean Date of Issue Aug. 8 - 1922 N.Y.aug. 28, 1922

See Instructions on Other Side

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Composer, Jeweler, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Farmer*, (b) *Cotton mill*, (a) *Salesman* (b) *Grocery*; (a) *Man*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper's wife, Housework on at home*, and children, not gainfully employed, as *At school or at home*. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal fever"); *Diphtheria* (avoid use of "Croup"); *Spinal meningitis* ("report "Typhoid pneumonia"); *Lobar pneumonia* (never *pneumonia of lungs*, *meninges*, *portionum*, etc. *Cyrtoma*, *Sarcoma*, etc., of (name origin), etc. *Cyrtoma*, *dehiscit*; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (*Secondary*), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphasia," "Anemia" (merely symptomatic), "Atrypia," "Colic," "Sickle," etc.; "Dropsy," "Exhaustion," "Heart-failure," "Hemorrhage," "Intuition," "Marasmus," "Heart-ache," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always mention, etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For those for which surgical operation was and probably as accidental, strychnia, or homicidal, or as accident; *Accidental drowning*; *Struck by railway train*—*by carbolie acid—probably suicide*. The nature of the injury as fracture of skull, and consequences (e. g., *sepsis*; *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

SECTION 377, CHAPTER 619 OF THE LAWS OF 1913.

Certificate of death.—The particulars called for by items one to thirteen inclusive shall be authenticated by the signature of the Informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person in charge of the corpse.

The medical certificates shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. He shall further state the cause of death, so as to show the cause of disease or sequence of causes re-

and the duration of each. Indefinite terms, denoting symptoms of disease or conditions resulting from disease shall not be held sufficient for the issuance of a burial removal permit. Any certificate stating the cause of death in terms which the state commissioner of health or person making the medical certificate for correction have declared indefinite shall be returned to the physician more definite statement. Causes of death which may be the result of either disease or violence shall be explicit and stated; and if from violence the means of injury shall be stated, and whether apparently accidental, suicidal, homicidal. For deaths in hospitals, institutions, or nonresidents, the physician shall supply the informant required under item 15. If he is unable to do so, and in his State where, in his opinion, the disease was contracted.

§ 378. Registration of deaths occurring without medical attendance.—In case of any death occurring without medical attendance, it shall be the duty of the undertaker or other person to whose knowledge the death may come to notify the local health officer of such death, and when notified the health officer shall immediately investigate a health officer has reason to believe that if it has been due to unlawful act or neglect he shall then refer the case to the coroner or other proper officer for investigation and certification. The coroner or other proper officer whose duty it is to hold an inquest on the body of a deceased person, and to make the certificate of death required for a burial permit, shall state in his certificate the name of the disease causing death, or if from external causes, the means of death; whether probably accidental, suicidal or homicidal; and shall in any case, furnish such information as may be required by the state commissioner of health in order properly to classify the death.

§ 379. Duties of undertaker.—In each case the undertaker, or person having charge of the corpse, shall file the certificate of death with the registrar of the district in which the death occurred and obtain a burial or removal permit prior to any disposition of the body. He shall obtain the required personal and statistical particulars from a person qualified to supply them, over the signature and address of his informant. He shall then present that informant out and sign the medical certificate of death, or to the health officer or coroner, for the medical certificate of this record for the registration of deaths, as specified in this article. If no physician was in attendance upon the deceased. He shall then state the facts required relative to the date and place of burial, cremation or removal over his signature and with his address, and present a completed certificate to the registrar in order to obtain a permit for burial, removal or other disposition of the body. The undertaker shall deliver the burial permit to the person in charge of the place of burial, before interring or otherwise disposing of the body; or shall attach the removal permit to the box containing the corpse, when shipped by any transportation company; said permit to accompany the corpse to its destination, where if within the state of New York, it shall be delivered to the person in charge of the place of burial.

§ 381. Interments.—No person in charge of any premises on which interments or cremations are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as herein provided. Such person shall deliver upon the permit the date of interment, or cremation to the registrar, and shall return all permits so endorsed to the date of interment or cremation. He shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or record shall at all times be open to official inspection; which provided that the undertaker, or person having charge of the corpse, when burying a body in a cemetery or burial ground having no person in charge, shall sign the burial or removal permit giving the date of burial, and shall write across the face of the permit the words "No person in charge," and the file burial or removal permit within three days with the registrar of the district in which the cemetery is located.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Smithrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 109
City or Town Smithrop No. 20 Sargeant St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances Dean Stiles.
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 20 Sargeant St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 3 years 10 months 29 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -
5a If married, widowed, or divorced HUSBAND of (or) WIFE of
6 AGE 3 Years Months 10 Days 29
If LESS than 1 day, hrs. or min.
If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Smithrop, (State or country) Mass.

9 NAME OF FATHER Zadok Lyman Stiles.
10 BIRTHPLACE OF FATHER (City) Dorchester, (State or country) Mass.
11 MAIDEN NAME OF MOTHER Emma P. Dean.
12 BIRTHPLACE OF MOTHER (City) Chelsea, (State or country) Mass.

13 Informant Zadok L. Stiles. (Address) 20 Sargeant St.

14 Filed Aug 11 1922 (Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 8 1922 (Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from Aug 4th, 1922, to Aug 8th, 1922, that I last saw her alive on Aug 7th, 1922, and that death occurred, on the date stated above, at 12:28 A.M. The CAUSE OF DEATH was as follows: acidosis

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 4 ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? consultation
(Signed) S. H. Mitchell, M.D.
(Address) 174 W. Smithrop St.
Date Aug 9th 1922 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Smithrop (Cemetery) DATE OF BURIAL Smithrop Aug 10 (City or town)

19 UNDERTAKER A. H. Bemison ADDRESS 47 Smithrop Smithrop

Official position Health Officer Date of issue of permit Aug 9-22 Permit No. 462

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

July 8 1923

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archibolc, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Ironman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," "Old age," "Shock," "Uremia," "Weakness," etc.). "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. **110**

City or Town **Boston** No. **83 Fawn Bar Av** St. _____ Ward _____
Winthrop
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Charles L. Joy.** (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **83, Fawn Bar Ave.** ~~XXX~~ Ward. **Winthrop.**
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **Mary C Joy.**

6 DATE OF BIRTH **Jan 8th, 1861**
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, his, or min.
61 **8** **8**

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Retired** (b) Name of employer

9 BIRTHPLACE (City) **East Boston Mass** (State or country) **il**

10 NAME OF FATHER **Daniel G Joy.**

11 BIRTHPLACE OF FATHER (City) **Lubec** (State or country) **Maine**

12 MAIDEN NAME OF MOTHER **Huldah J Libbey.**

13 BIRTHPLACE OF MOTHER (City) **Great Falls** (State or country) **N. H.**

14 Informant **Mary C Joy.** **Wife** (Address) **83, Fawn Bar Ave, Winthrop**

15 Filed **Aug 11 1922** REGISTRAR (Month) (Day) (Year)

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **August 9, 1922**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **May**, 1921, to **August 8, 1922** that I last saw him alive on **August 8, 1922**, and that death occurred, on the date stated above, at **1:30 p.m.** The CAUSE OF DEATH was as follows:

Locomotor Ataxia (duration) **10** yrs. mos. ds. CONTRIBUTORY **Lachry-rectal abscess** (SECONDARY) (duration) yrs. mos. **20** ds.

18 Where was disease contracted if not at place of death? **FOR WHAT?**

Did an operation precede death? **_____** Date of **_____**

Was there an autopsy? **_____**

What test confirmed diagnosis? (Signed) **E. P. Ruggles** M.D. (Address) **420 Washington St, Dorchester** Date **August 9, 1922** (Month) (Day) (Year) **new**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **MAuburn Cemetary** DATE OF BURIAL **8. 12.2** (Cemetery) (City or town)

20 UNDERTAKER **C. A. Rollins.** ADDRESS **E. B.**

Official position **Health Off** Date of issue of permit **Aug 9-22** Permit No. **161**

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., etc.* (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Meningis: If hooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningis* (disease causing death), *2d ds., Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascribed as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH
County ~~Winthrop~~ State ~~Massachusetts~~ Registered No. 111
City or Town Winthrop No. 38 Trident Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Mac Howell
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence No. 38 Trident Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 4 years months days. How long in U. S., if of foreign birth? 48 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5a If married, widowed, or divorced HUSBAND of (or) WIFE of John S. Mac Howell
6 DATE OF BIRTH Winthrop Vermont 1858
(Month) (Day) (Year)
7 AGE Years Months Days If LESS than 1 day, hrs. or min.
64 ? ?
If STILLBORN, enter that fact here
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) Name of employer
9 BIRTHPLACE (City) (State or country) Vermont
10 NAME OF FATHER Peter Mac Howell
11 BIRTHPLACE OF FATHER (City) (State or country) Vermont
12 MAIDEN NAME OF MOTHER Catherine (Unknown)
13 BIRTHPLACE OF MOTHER (City) (State or country) Vermont

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 11, 1922.
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from May 1, 1922, to Aug. 11, 1922, that I last saw her alive on Aug. 8, 1922, and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:
Carcinoma of Cervix
(duration) 3 yrs. 3 mos. ds.
CONTRIBUTORY Acute Nephritis (SECONDARY)
(duration) yrs. 2 mos. ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? no. Date of
Was there an autopsy? no.
What test confirmed diagnosis? Clinical
(Signed) William J. Porter, M.D.
(Address) Winthrop
Date Aug. 11, 1922.
(Month) (Day) (Year)

14 Informant John S. Mac Howell (Address) 387 Trident Ave, Winthrop
15 Filed 17/1922 (Month) (Day) (Year) REGISTRAR
19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop (Cemetery) (City or town) DATE OF BURIAL Aug 14 1922
20 UNDERTAKER Address

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Aug. 11, 1922. Official position Date of issue of permit Permit No. 464.

N. B. - WHITE LABEL, WITH OR WITHOUT BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

11 1928
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery fitterman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Premia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information when given any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasbritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, with whom last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 69, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 112
City or Town Winthrop No. 35 Coral Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rachel Sisonosky
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 35 Coral Ave. St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(write the word)

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis

6 AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.
65

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) Name of employer

8 BIRTHPLACE (City) Russia
(State or country)

9 NAME OF FATHER Israel Miller

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

11 MAIDEN NAME OF MOTHER Etta cannot be named

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

13 Informant Louis Sisonosky
(Address) 35 Coral Ave.

14 Filed Aug 29 1922
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. S.A. Mowry
Official position Pr. 69.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 18 - 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 21 - 1921, to August 18, 1922
that I last saw her alive on August 18 - 1922,
and that death occurred, on the date stated above, at 4:30 a.m.
The CAUSE OF DEATH was as follows:

Diabetes mellitus
(arterio-sclerosis)
(duration) 11 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis
(duration) 5 yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory tests
(Signed) Mitchell Sisonosky, M.D.
(Address) 163 Merrimack St

Date August 18th 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Woburn DATE OF BURIAL Aug. 18 1922
Chana Mishkinof Cem. (City or town)

19 UNDERTAKER Mamek Stanetsky ADDRESS Boston
Date of issue of permit Aug 18 1922 Permit 465

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

August 18, 1923

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer — Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Former (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indelicate); Tuberculosis of lungs, meningitis, peritonitis, etc.; Cholera, Sarcema, etc., of..... (name neoplasm); Measles; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortions, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gascolitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration or as to the manner or cause of the death, which the clerk or registrar may require. — Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — Gen. Laws, Chap. 36, Sec. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 36, Sec. 7.

RULES OF PRACTICE

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

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

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

10 years

months

days.

If long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

W

Widow

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Orest Clewland

6 DATE OF BIRTH

March 9 1836

(Month) (Day) (Year)

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

86

5

10

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Marblehead

10 NAME OF FATHER

Joseph Dickson

11 BIRTHPLACE OF FATHER (City)

(State or country)

Marblehead

12 MAIDEN NAME OF MOTHER

Hannah Martin

13 BIRTHPLACE OF MOTHER (City)

(State or country)

Bullard Mass

14 Informant

(Address)

*Mr. F. J. Clewland
Charles Gate East Boston*

15

Filed

Aug. 21 1922

(Month) (Day) (Year)

REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 19 1922

(Month)

(Day)

(Year)

17

HEREBY CERTIFY, That I attended deceased from

Jan 22

1922

Aug 19

1922

that I last saw her alive on

Aug 19

1922

and that death occurred, on the date stated above, at

11-40 A. M.

The CAUSE OF DEATH was as follows:

Bronchitis Pneumonia

CONTRIBUTORY (SECONDARY)

Cerebral Hemorrhage

(duration)

3 yrs.

mos.

3 ds.

(duration)

21 yrs.

mos.

21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

W. J. Swann

M.D.

(Address)

20 Crescent St. Revere

Date

Aug 19 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

W. Autumn

(City or town)

Aug 21

20 UNDERTAKER

ADDRESS

Kelley Hawer

Winchester

Official position

Health Officer Aug. 19, 1922 #466

Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for changed or even up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration, or as to the person or cause of the death, which can be obtained as to the deceased, require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 114
City or Town Wentworth No. 103 Sargent St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John P. Neal
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 103 Sargent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel

6 AGE Years 74 Months 11 Days 15 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Merchant (b) Name of employer

8 BIRTHPLACE (City) Wellsfleet (State or country) Mass

9 NAME OF FATHER John Neal

10 BIRTHPLACE OF FATHER (City) Wellsfleet (State or country) Mass

11 MAIDEN NAME OF MOTHER Ruth B. Baker

12 BIRTHPLACE OF MOTHER (City) Wellsfleet (State or country) Mass

13 Informant Mrs Neal (Address) 103 Sargent St

14 Filed Sept. 1, 1922 (Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 20 22
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1922, to Aug 20, 1922, that I last saw h. in alive on Aug 20, 1922, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH was as follows:

Memia

(duration) yrs. mos. ds. CONTRIBUTORY (SECONDARY) Chronic Nephritis (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hurray Atchley, M.D.

(Address) 200 Pleasant St

Date Aug 21 22
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Baptist (Cemetery) (City or town) DATE OF BURIAL Aug 20

19 UNDERTAKER John P. O'Malley ADDRESS Wentworth

Official position Health Officer Date of issue of permit Aug 21, 1922 Permit No. 4 67

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

August 20, 1928

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (*Housewife*, *Housekeeper*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the certificate required for the purpose, shall upon application make caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

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

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

115

City or Town

No.

St.

Ward

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

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than

22

11

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

United States Soldier

8 BIRTHPLACE (City)

(State or country)

Fall River Mass

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

William H. Guffuck

Fall River Mass

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Bertha W. McKernan

Dorchester R.I.

13

Informant

(Address)

Wm H. Guffuck 1039 Plymouth ave

14

Filed

(Month) (Day) (Year)

REGISTRAR

Sept 1 1922 Fall River

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug.

22

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 9, 1922, to Aug 22, 1922,

that I last saw him alive on *August 22, 1922,*

and that death occurred, on the date stated above, at *8.45 A. m.*

The CAUSE OF DEATH was as follows:

Acute military tuberculosis.

(duration) yrs. *1* mos. *13* ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

not known.

Did an operation precede death? *No* Date of *--*

Was there an autopsy? *No.*

What test confirmed diagnosis? *Laboratory Test.*

(Signed) *Ernest M. Morris*, M.D.

(Address) *Ernest W. Morris,*

Date *Aug. 22/22* *Captain, Med. Corps.*

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Fall River Mass Aug 24/22

19 UNDERTAKER

ADDRESS

B R Bennett Waltham

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

Official position

Health Officer

Date of issue

of permit *Aug 23 1922*

Permit

No. *468*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Former or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *39 ds., Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtmia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —Gen. Laws, Chap. 85, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —Gen. Laws, Chap. 85, Sec. 7.

RULES OF PRACTICE

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

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

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town) 420 116

1 PLACE OF DEATH *Suffolk* County State *Mass* Registered No. *420 116*
 City or Town *Waltham* No. *83 Somerset ave* St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *William Henry Brendige*
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *83 Somerset ave* St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred *25* years months days. How long in U. S., if of foreign birth? *57* years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Married*

5a If married, widowed, or divorced
 HUSBAND of *Lilla M. Brendige*
 (or) WIFE of

6 AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
70 2 2

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Retired Sea Captain*
 (b) Name of employer

8 BIRTHPLACE (City) *P. E. Island*
 (State or country)

9 NAME OF FATHER *James Brendige*

10 BIRTHPLACE OF FATHER (City) *P. E. Island*
 (State or country)

11 MAIDEN NAME OF MOTHER *May Jane Miller*

12 BIRTHPLACE OF MOTHER (City) *England*
 (State or country)

13 Informant *Lilla M. Brendige*
 (Address) *83 Somerset ave Waltham*

14 Filed *Sept 1, 1922*
 (Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *August 22, 1922*
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *1920*, 19....., to *Aug 22ⁿ*, 1922
 that I last saw him alive on *Aug 21st*, 1922
 and that death occurred, on the date stated above, at *11:20 A.M.*
 The CAUSE OF DEATH was as follows:

Cancer (Carcinoma) of stomach

(duration) *2* yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *Clinical*
 (Signed) *W. H. Metcalf* M.D.

(Address) *274 Waltham St Waltham Mass*
 Date *Aug 25ⁿ*, 1922
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Waltham - Mass*
 (Cemetery) *1st Cem.* (City or town) DATE OF BURIAL *Aug 26th 1922*

19 UNDERTAKER *W. H. Metcalf* ADDRESS *Waltham Mass*

Official position *Health Officer* Date of issue of permit *Aug 25, 1922* No. *469* Permit

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Journal 22, 1927

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colon mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scullery*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningis* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the role cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON
(City or Town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 117City or Town Winthrop No. 52 Trident St. Winthrop Ward

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

2 FULL NAME

Annie Spector

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 52 Trident Ave. Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and State)Length of residence in city or town where death occurred 3 years months days. How long in U. S., if of foreign birth? 16 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow5a If married, widowed, or divorced
HUSBAND of Samuel
(or) WIFE of6 DATE OF BIRTH not known
(Month) (Day) (Year)7 AGE Years 62 Months - Days - If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework

(b) Name of employer

9 BIRTHPLACE (City) Russia
(State or country)10 NAME OF FATHER Nathan Glazer11 BIRTHPLACE OF FATHER (City) Russia
(State or country)12 MAIDEN NAME OF MOTHER Sarah cannot be learned13 BIRTHPLACE OF MOTHER (City) Russia
(State or country)14 Informant M. Spector
(Address) 37 Baldwin St. W. 7.15 Filed Sept. 11 1922
(Month) (Day) (Year). REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 26 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 1921, 19....., to Aug, 1922
that I last saw her alive on Aug 1st, 1922
and that death occurred, on the date stated above, at 10 p.m.
The CAUSE OF DEATH was as follows:uraemia
chronic nephritis
chronic small vessels(duration) 1 yrs. mos. ds.CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? Date of.....Was there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Edmund(Address) 174 W. 7th St. WinthropDate Aug 26 1922
(Month) (Day) (Year)19 PLACE OF BURIAL, CREMATION, OR REMOVAL Voluntary
Grave of Boston Cem. (City or town) DATE OF BURIAL Aug. 28th 192220 UNDERTAKER Manuel Stanetsky ADDRESS BostonOfficial position Health Officer Date of issue of permit 8-26-22 Permit No. 470

should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed as *A school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indistinct); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name or origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asbhenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasbstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died! . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . The shall in all cases certify to the town clerk or registrar in the place where the deceased had his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Rutland

(City or town)

1 PLACE OF DEATH

County Worcester State Mass.Registered No. 61
(Place of death)City or Town Rutland No. Rutland State Sanatorium St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No. 118
(Place of residence)2 FULL NAME Francis J. Grainger
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. State Mass. City or Town Winthrop No. 49 Bartlett Road St.Length of residence in city or town where death occurred years 7 months 6 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a If married, widowed, or divorced
HUSBAND of Evelyn Grainger
(or) WIFE of6 DATE OF BIRTH (month, day, and year) June 25, 18937 AGE Years Months Days If LESS than 1 day, hrs. or min.
29 2 1

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Orderly
(b) Name of employer Rutland State Sanatorium9 BIRTHPLACE (city or town) East Boston,
(State or country) Mass.10 NAME OF FATHER Dr. William H. Grainger11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)12 MAIDEN NAME OF MOTHER Mary LeBlanc13 BIRTHPLACE OF MOTHER (city or town) Brooklyn
(State or country) N.Y. Aug. 26, 1922 (Address) Rutland State Sanatorium14 Informant Miss Mary E. Fitzgerald
(Address) Rutland State Sanatorium15 Filed Aug. 26, 1922 Louis M. Hauff
Registrar of city or town where death occurred
Filed Aug. 5, 1922
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26 19 2217 I HEREBY CERTIFY, That I attended deceased from
Jan. 20, 1922, to Aug. 26, 1922,that I last saw him alive on Aug. 26, 1922,and that death occurred, on the date stated above, at 4: a. m.
The CAUSE OF DEATH* was as follows:Pulmonary tuberculosis(duration) 2 yrs. 7 mos. 6 ds.CONTRIBUTORY None
(SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical findings and X-ray(Signed) H. C. Hubbard, M.D.19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Holy Cross,
Walden, Mass.DATE OF BURIAL
Aug. 28, 192220 UNDERTAKER
John J. FayADDRESS
Woodland St.
Worcester,
Mass.

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"; *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified is indistinct); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Mesites*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesites* (disease causing death), *90 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely sym. tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Tremis," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 by injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Cambridge State Mass Registered No. 119

City or Town Winthrop Mass No. Fort Banks, Mass. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JAMES S. SHANNON.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 28 Cambridge Terrace, St., Ward Cambridge, Mass.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years 1 months 14 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years 17 Months 6 Days 15 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Soldier (b) Name of employer

8 BIRTHPLACE (City) Cambridge (State or country) Mass

9 NAME OF FATHER Michael Shannon

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

11 MAIDEN NAME OF MOTHER Bridget Mc Namara

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

13 Informant Geo. H. Kelly (Address) Lead Conifer

14 Filed Sept 11 1922 REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 27 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from August 11, 1922, to Aug 27, 1922, that I last saw him alive on August 27, 1922, and that death occurred, on the date stated above, at 5.30 a.m. The CAUSE OF DEATH was as follows:

General Peritonitis followed by pneumonia. Caused by perforated appendix
(duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (SECONDARY) Oedema of lungs.
(duration) yrs. 6 hrs. mos. ds.

17 Where was disease contracted if not at place of death? Camp Bevans Mas

Did an operation precede death? Yes Date of July 13/22

Was there an autopsy? No.

What test confirmed diagnosis? Clinical
(Signed) E. M. Mours, M.D.
(Address) Captain, M.C. Fort Banks, Mass.
Date August 27/22 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Cambridge cem Mass DATE OF BURIAL Aug 29
(Cemetery) (City or town)

19 UNDERTAKER George H Kelly ADDRESS Camb
Official position Health Officer Date of issue of permit Aug 27/22 Permit No. 471

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many (c) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; If secondary, five primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 53, Sec. 7.*

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from homo 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
City or Town **Boston** No. **MASS. GENL. HOSPT.** St. **Ward**

Registered No. _____
(Place of death)
Registered No. **127**
(Place of residence)

2 FULL NAME

K. AMANDA SOMERVILLE

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

(a) Residence State **MASS.** City or Town **WINTHROP** No. **26 STURGIS** St. _____
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**

16 DATE OF DEATH (month, day, and year) **AUG. 28** 19 **22**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **LAWSON C.**

17 I HEREBY CERTIFY, That I attended deceased from **AUG. 14**, 19 **22**, to **AUG. 28**, 19 **22**, that I last saw h. **ER** alive on **AUG. 28**, 19 **22**,

6 DATE OF BIRTH (month, day, and year) **NOV. 28. 1865**

and that death occurred, on the date stated above, at **10.50A.** m. The CAUSE OF DEATH* was as follows:

7 AGE Years **56** Months **9** Days _____ If LESS than 1 day, _____ hrs. or _____ min.

PULMONARY EMBOLISM

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **HOUSEWIFE**

(duration) _____ yrs. mos. **10** MIN. ds.

(b) Name of employer _____

9 BIRTHPLACE (city or town) **HILLSBORO** (State or country) **P. E. I.**

CONTRIBUTORY **VENTRAL HERNIA** (SECONDARY) (duration) **4** yrs. _____ mos. _____ ds.

10 NAME OF FATHER **JAMES MAC LAUCHLAN**

18 Where was disease contracted if not at place of death? _____

11 BIRTHPLACE OF FATHER (city or town) **HILLSBORO** (State or country) **P. E. I.**

Did an operation precede death? **YES** Date of **AUG. 17.**

12 MAIDEN NAME OF MOTHER **ELIZABETH A. DOUGLAS**

Was there an autopsy? **YES**

13 BIRTHPLACE OF MOTHER (city or town) **MT. STEWART** (State or country) **P. E. I.**

What test confirmed diagnosis? _____ (Signed) **N. W. FAXON**, M.D. 19 **22** (Address) **AUG. 29**

14 Informant **RAE SOMERVILLE** (Address) _____

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **WINTHROP (WINTHROP CEM)** DATE OF BURIAL **AUG. 30** 19 **22**

15 Filed **AUG. 31**, 19 **22** **Edwin Glenn** Registrar of city or town where death occurred
Filed **Sept 16**, 19 **22** Registrar of city or town where deceased resided

20 UNDERTAKER **J. S. WATERMAN & SON** ADDRESS _____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deputy," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dyskeria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meninges* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbemia," "Anomia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Trench-pneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 death caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County *Suffolk* State *Mass.* Registered No. *120*
City or Town *Winthrop* No. *88 Locust* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Emma Caroline Butler
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *88 Locust* St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female*
4 COLOR OR RACE *white*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Frank H. Butler*
6 AGE *74* Years *4* Months *4* Days If LESS than 1 day.....hrs. or.....min.

15 DATE OF DEATH *August 27 1922*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Aug 21*, 19*22*, to *Aug 26*, 19*22*.
that I last saw her alive on *Aug 26*, 19*22*, and that death occurred, on the date stated above, at *10:37* p. m.

The CAUSE OF DEATH was as follows:
Arterio Sclerosis

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Housewife*
(b) Name of employer

unknown (duration) yrs. mos. ds.
CONTRIBUTORY *Nephritis* (SECONDARY)
unknown (duration) yrs. mos. ds.

8 BIRTHPLACE (City) *Portland*
(State or country) *Maine*

17 Where was disease contracted if not at place of death?

9 NAME OF FATHER *James H. Kemp*
10 BIRTHPLACE OF FATHER (City) *Maine*
(State or country)
11 MAIDEN NAME OF MOTHER *Caroline Jones*
12 BIRTHPLACE OF MOTHER (City) *Maine*
(State or country)

Did an operation precede death? *no* Date of
Was there an autopsy? *no*
What test confirmed diagnosis?
(Signed) *Hervey J. Boule* M.D.
(Address) *185 Winthrop St*
Date *Aug 30 1922*
(Month) (Day) (Year)

13 Informant *Mabel Biglow*
(Address) *88 Locust St.*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wenwood Everet*
(Cemetery) (City or town) DATE OF BURIAL *Aug 31, 1922*

14 Filed *Sept 1, 1922*
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER *C. R. Bennison* Winthrop
ADDRESS

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

Official position *Health Officer* Date of issue of permit *Aug. 30, 1922* Permit No. *472*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing *nevrin*, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing *nevrin* (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Chroup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lung, meningis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.....* (name organ); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms; *Mesias; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesias* (disease causing death), *29 ds.; Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Scule," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septitemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 53, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 53, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 121

City or Town Winthrop No. 52 Lincoln St. Ward

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

2 FULL NAME Annie M. Jordan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 52 Lincoln St St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris E.

6 DATE OF BIRTH 1859
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
63

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer

9 BIRTHPLACE (City) Corinth (State or country) Maine

10 NAME OF FATHER Luther Blanchard

11 BIRTHPLACE OF FATHER (City) Corinth (State or country) Maine

12 MAIDEN NAME OF MOTHER Emily Goodwin

13 BIRTHPLACE OF MOTHER (City) Corinth (State or country) Maine

14 Informant Emily Blanchard Moore (Address) 52 Lincoln St. Winthrop

15 Filed Sept. 1, 1922 (Month) (Day) (Year) REGISTRAR S. J. Murray

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 30, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1922, to Aug 30, 1922, that I last saw him alive on Aug 30, 1922, and that death occurred, on the date stated above, at 10 P. m. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

Indef. (duration) yrs. mos. ds.
CONTRIBUTORY Valvular Heart Disease (SECONDARY)

Indef. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Wm. J. Parke, M.D.

(Address) Winthrop Mass.

Date Aug 31, 1922 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL E. Corinth Maine DATE OF BURIAL 9/1/22
(Cemetery) (City or town)

20 UNDERTAKER J. Waterman & Sons ADDRESS Boston

Official position Health Officer Date of issue Aug 31, 1922 Permit No. 473

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," "unqualific," is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Meningeal Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningeal* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility" ("Congenital," "Scable," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inundation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, oryphelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Gloucester

(City or town)

Registered No. 209
(Place of death)

Registered No. 180
(Place of residence)

1 PLACE OF DEATH

County Essex State Mass.

City or Town Gloucester No. Moorland Hotel St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry S. Ashton,

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 9 Woodside Park St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

16 DATE OF DEATH (month, day, and year) Aug. 30, 1922

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

6 DATE OF BIRTH (month, day, and year) 1877

that I last saw h..... alive on....., 19____, and that death occurred, on the date stated above, at.....m. The CAUSE OF DEATH* was as follows:

7 AGE Years Months Days If LESS than 1 day,.....hrs. or.....min. 45

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

If STILLBORN, enter that fact here

Cerebral hemorrhage

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Porter (b) Name of employer

CONTRIBUTORY (SECONDARY) (duration).....yrs.....mos.....ds.

9 BIRTHPLACE (city or town) Cambridge, Mass. (State or country)

18 Where was disease contracted if not at place of death?.....

10 NAME OF FATHER Henry B. Ashton

Did an operation precede death?..... Date of.....

11 BIRTHPLACE OF FATHER (city or town) England (State or country)

Was there an autopsy?.....

12 MAIDEN NAME OF MOTHER Mary Lawrence

What test confirmed diagnosis?.....

13 BIRTHPLACE OF MOTHER (city or town) England Aug. 31, 1922 (State or country)

(Signed) P. P. Moore, M.D.

14 Informant Mary Ashton, Winthrop, Mass. (Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop, Mass. DATE OF BURIAL Sept. 2, 19 22

15 Filed Aug. 31, 19 22

20 UNDERTAKER WILLARD S. PIKE ADDRESS GLOUCESTER.

Registrar of city or town where death occurred Bessie S. Lodge Registrar of city or town where deceased resided

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Groceries*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer," is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths STATE MEANS OF NATURE and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Feverish wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 127
City or Town Wintthrop No. 26 Sturges (new Wintthrop Hotel) St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Razia B Purdy
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 35 West 61st St, N.Y. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F Purdy
6 DATE OF BIRTH January 6 1832
(Month) (Day) (Year)
7 AGE 90 Years 8 Months 1 Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here
8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer

9 BIRTHPLACE (City) St Andrews
(State or country) N. Brunswick

PARENTS
10 NAME OF FATHER George Ballantine
11 BIRTHPLACE OF FATHER (City) Ireland
(State or country)
12 MAIDEN NAME OF MOTHER Agnes Knight
13 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

14 Informant Ada Plummer
(Address) 35 West 61st n. York City

15 Filed Sept 11 1922
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 7 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 6 1922, to Sept 7 1922, that I last saw h. alive on Sept 6 1922, and that death occurred, on the date stated above, at 6 A. m. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
(duration) yrs. mos. ds.

CONTRIBUTORY arteriosclerosis
(SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) A. Plummer M.D.
(Address) 35 West 61st Street N.Y.
Date Sept 8 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Wintthrop Cemetery DATE OF BURIAL Sept 9/22
(Cemetery) (City or town)

20 UNDERTAKER Frederick H Jape ADDRESS Wintthrop

Official position Health Officer Date of issue of permit Sept 8/22 Permit No. 474

PHYSICIANS should state CAUSE OF DEATH EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Painter*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Form laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer retired, 6 yrs.*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-fection," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 128
City or Town Northampton No. 63 Thornton Pl. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dennis Carlin (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 63 Thornton Pl. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary
6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ mio. 81
If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired
(b) Name of employer Machinist.
8 BIRTHPLACE (City) Sherbrooke (State or country) P.Q.

9 NAME OF FATHER Michael
10 BIRTHPLACE OF FATHER (City) Ireland (State or country) _____
11 MAIDEN NAME OF MOTHER Constance Leamed
12 BIRTHPLACE OF MOTHER (City) Ireland (State or country) _____

13 Informant John F. Carlin
(Address) 30 Sherwin St Boston
14 Filed Sept 14 1922 REGISTRAR St. Mowry
(Month) (Day) (Year)

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 7 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 4:45 P. m.
The CAUSE OF DEATH was as follows:

Natural Causes Probably
Chronic Myocarditis
(duration) 2 yrs. + mos. _____ ds.
CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? _____
(Signed) Raymond B. Parker M.D.
(Address) Winthrop Board of Health
Date Sept 5 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Boston DATE OF BURIAL Sept 9 1922
(Cemetery) (City or town)
19 UNDERTAKER John F. O'Malley ADDRESS Northampton

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Official position Health Officer Date of issue of permit Sept 8 1922 Permit No. 475

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name or origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as *Lapse*, "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Stroke," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician either necessary information which can be obtained as for registration, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *129*
City or Town *Winthrop* No. *15 Elliott St* Ward *1*
W. P. Miller
(If death occurred in a hospital or institution, give its NAME (instead of street and number))

2 FULL NAME *Helen Murray Kniffin*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *Winthrop Court* St., Ward. *1*
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years *5* months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

15 DATE OF DEATH *Sept. 8, 1922*
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND or (or) WIFE of *Henry Kniffin*

16 I HEREBY CERTIFY, That I attended deceased from *Aug. 28, 1922*, to *Sept. 8, 1922*, that I last saw her alive on *Sept. 8, 1922*, and that death occurred, on the date stated above, at *124* m. The CAUSE OF DEATH was as follows:

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
75 *5* *8*

Cerebral Hemorrhage
(duration) yrs. mos. ds.

If STILLBORN, enter that fact here *—*

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Retired* (b) Name of employer

CONTRIBUTORY (SECONDARY) *Arterio-sclerosis*
India (duration) yrs. mos. ds.

8 BIRTHPLACE (City) *Ballard* (State or country) *Mass*

9 NAME OF FATHER *Walter Murray*

17 Where was disease contracted if not at place of death? *—*

10 BIRTHPLACE OF FATHER (City) *Scotland* (State or country)

Did an operation precede death? *No* Date of *—*

Was there an autopsy? *No*

11 MAIDEN NAME OF MOTHER *Christina Morrison*

What test confirmed diagnosis? *clinical*
(Signed) *William J. Porter* M.D.

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

(Address) *362 Shirley St., Winthrop*
Date *Sept. 5, 1922*
(Month) (Day) (Year)

13 Informant *Son in Law, Clemens Kritz* (Address) *15 Elliott St. Winthrop, Mass.*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Spring Grove* (Cemetery) *Andover* (City or town) DATE OF BURIAL *9/10/22*

14 Filed *Sept. 14, 1922* REGISTRAR

19 UNDERTAKER *Miss C. R. Bennion* ADDRESS *Mass Winthrop*

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

Official position *Health Officer* Date of issue of permit *9/9/22* Permit No. *476*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anomias" (merely symptomatic), "Atrophy," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on a statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

130

City or Town

Winthrop

No.

29 Balsic ave

St.

Ward

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

2 FULL NAME

Erma Frances Higgins

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

29 Balsic ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

x years x months 3 days

How long in U. S., if of foreign birth?

years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

x

x

3

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop

(State or country)

Mass

9 NAME OF
FATHER

William H. Higgins

10 BIRTHPLACE OF
FATHER (City)

Brookline

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

Amy Belle Mann

12 BIRTHPLACE OF
MOTHER (City)

East Boston

(State or country)

Mass

13

Informant

Wm H. Higgins

(Address)

29 Balsic ave Winthrop

14

Filed

Sept 14 1922

(Month) (Day) (Year)

REGISTRAR

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

L. P. Murray

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept. 12 1922
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept. 9, 1922, to Sept. 12, 1922
that I last saw ~~her~~ alive on Sept. 11, 1922

and that death occurred, on the date stated above, at 6.00 a.m.

The CAUSE OF DEATH was as follows:

Acute Catarrhal enteritis,

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed)

S. D. Willard Coy, M.D.

(Address)

34 Princeton St.

Date

Sept. 12 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop - Winthrop Mass

(Cemetery)

(City or town)

DATE OF BURIAL

9/13 - 1922

19 UNDERTAKER

C. R. Bennett

ADDRESS

Winthrop

Official position, Health Officer

Date of
issue
of permit

9/12/22 No. 477

Permit

No. 477

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of a household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia triaxa, pericoronum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by a physician or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 131
City or Town Winthrop No. 10 Locust Street St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Madruga

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 10 Locust StreetSt. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)MaleWhiteSingle5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofSeptember 16, 1922

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.11

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home

(b) Name of employer

9 BIRTHPLACE (City)

Winthrop

(State or country)

P
A
R
E
N
T
S10 NAME OF
FATHERJohn Madruga11 BIRTHPLACE OF
FATHER (City)

(State or country)

Portugal12 MAIDEN NAME
OF MOTHERUrsula Rebello13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Portugal

14

Informant
(Address)John Rebello
10 Locust Street

15

Filed Sept 23, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedS. A. Murray

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 16th 1922

(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from

Sept 16th 8 a.m., 1922, to Sept 16th 7 P.M., 1922,that I last saw him alive on Sept 16th, 1922,and that death occurred, on the date stated above, at 7 P.M. m.

The CAUSE OF DEATH was as follows:

Imperfect expansion of Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)Premature Birth
(duration) yrs. mos. ds. at 6 mos.18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? — Date of —Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Augustus L. Willman, M.D.(Address) 9 Princeton St.Date Sept - 16th 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Michaels Roslindale Sept, 20, 22
(Cemetery) (City or town)

20 UNDERTAKER

ADDRESS

W. A. ... East BostonOfficial position Health Officer Date of issue of permit 9/20/22 No. 479

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Lacemaker engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Branchiopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningis* (disease causing death), *29 ds.*; *Branchiopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), "Atrophy," "Colicapsis," "Coma," "Convulsions," "Debility" ("Congential," "Scaly," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 132
City or Town Winthrop No. 52 Bartlett Road St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edmond Martineau

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

52 Bartlett Road Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane E.6 DATE OF BIRTH Nov. 29 1869
(Month) (Day) (Year)7 AGE Years Months Days If LESS than 1 day, hrs. or min.
52 9 18

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Plumber (b) Name of employer _____9 BIRTHPLACE (City) St Michael (State or country) Quebec10 NAME OF FATHER Paul11 BIRTHPLACE OF FATHER (City) St Michael (State or country) Quebec12 MAIDEN NAME OF MOTHER Lucille (unable to obtain)13 BIRTHPLACE OF MOTHER (City) St Michael (State or country) Quebec14 Informant Jane E. Martineau (Address) 52 Bartlett Rd.15 Filed Sept 23 1922 (Month) (Day) (Year) REGISTRAR _____21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. S. A. Maury16 DATE OF DEATH Sept 16 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 18th, 1922, to Sept 16, 1922that I last saw him alive on Sept 16, 1922and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH was as follows:

Obstruction of HeartCONTRIBUTORY (SECONDARY) Coronary Sclerosis (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____ (duration) _____ yrs. _____ mos. _____ ds.

Did an operation precede death? no FOR WHAT? _____ Date of _____Was there an autopsy? noWhat test confirmed diagnosis? no(Signed) William H. Traub, M.D.(Address) 49 Bartlett RoadDate Sept 17 1922 (Month) (Day) (Year)19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden (Cemetery) (City or town) DATE OF BURIAL Sept. 19 192220 UNDERTAKER Healy A. Magrath ADDRESS East BostonOfficial position Health Officer Date of issue of permit 9/18/22 Permit No. 478

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Meningitis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 98, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 98, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

*Reverse
Notified*

The Commonwealth of Massachusetts

Winthrop.
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk, State Mass., Registered No. 133
City or Town Winthrop (Water off Short Beach), St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

SABRA MAUDE (Maud) PEASE,
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 195 Pearl Avenue, St. _____ Ward Revere.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married.

15 DATE OF DEATH Sept. 19, 1922.
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur H. Pease

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
51. 6 10

Asphyxiation by immersion (drowning), following invasion of the neck, under circumstances unknown.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife.

(See reverse side for description for unknown person)

(b) Name of employer

8 BIRTHPLACE (City) Yarmouth N.S.
(State or country)

17 Where was injury sustained if not at place of death?
(Signed) George Augustus Wright, M.D.

9 NAME OF FATHER Hiram MacKinnon

Medical Examiner for Suffolk County,

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

Date September 20, 1922.
(Month) (Day) (Year)

11 MAIDEN NAME OF MOTHER Anna M. Dunham

18 PLACE OF BURIAL, CREMATION, or REMOVAL Woodlawn Cem Everett DATE OF BURIAL Sept 29
(Cemetery) (City or town) (Month) (Day) (Year)

12 BIRTHPLACE OF MOTHER (City) Yarmouth N.S.
(State or country)

19 UNDERTAKER J. S. Waterman ADDRESS Boston

13 Informant G. M. MacKinnon
(Address) Beachmont Mass

14 Filed Sept 30 1922
(Month) (Day) (Year) REGISTRAR was

20 Burial permit issued by _____ Official position _____

21 Date of issue Sept 28 1922 Permit No. 6729

MARGIN RESERVED FOR BINDING

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

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
 — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 33, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 33, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Sept. 19, 1922.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)
Registered No. *134*

1 PLACE OF DEATH
County *Suffolk* State *Mass*
City or Town *Wentworth* No. *34 Chester Ave* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Elizabeth Marguerite Hintze*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *34 Chester Ave* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *21* years _____ months _____ days. How long in U. S., if of foreign birth? *35* years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5a If married, widowed, or divorced
~~husband~~ HUSBAND of *OTTO J. Hintze*
~~wife~~ WIFE of _____

6 AGE Years *61* Months *5* Days *22* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *housewife*
(b) Name of employer _____

8 BIRTHPLACE (City) *St. Johns*
(State or country) *N. B.*

9 NAME OF FATHER *Alexander Griffiths*

10 BIRTHPLACE OF FATHER (City) *Halifax*
(State or country) *N. S.*

11 MAIDEN NAME OF MOTHER *Agelia Ritchie*

12 BIRTHPLACE OF MOTHER (City) *St. Johns*
(State or country) *N. B.*

13 Informant *Obt. J. Hintze*
(Address) *34 Chester Ave Wentworth*

14 Filed *Sept. 30 1922*
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Sept 21* 19*22*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *May 31*, 19*22*, to *Sept 21*, 19*22*, that I last saw him alive on *Sept 21*, 19*22*, and that death occurred, on the date stated above, at *10 P.* m. The CAUSE OF DEATH was as follows: *Pericarditis Acute*

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. *6* mos. _____ ds.

17 Where was disease contracted if not at place of death? _____ (duration) _____ yrs. _____ mos. _____ ds.

Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis? *clinical*
(Signed) *Arville E. Johnson*, M.D.
(Address) *25 West 11th St*
Date *Sept 22 1922* (Month) (Day) (Year) *Urethral*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wentworth* DATE OF BURIAL *Sept 24 1922*
(Cemetery) (City or town)

19 UNDERTAKER *C. R. ...* ADDRESS _____

Official position Health Officer Date of issue of permit *9 23 '22* Permit No. *480*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelicate); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningis* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anomia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neurosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

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

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

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

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County Suffolk State Massachusetts

Registered No. 8196

(City or town)

(Place of death)

Registered No. 136

(Place of residence)

City or Town Boston No. 11, No. MONROE TER. St., Ward

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

2 FULL NAME FRANCES E. FOSTER

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX FEMALE 4 COLOR OR RACE WHITE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

16 DATE OF DEATH (month, day, and year) SEPT. 24 19 22

5a If married, widowed, or divorced HUSBAND of ALBERT FOSTER (or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from AUG., 1922, to SEPT. 24, 1922, that I last saw h. ER. alive on SEPT. 23, 1922,

6 DATE OF BIRTH (month, day, and year) OCT. 20 1833

and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH* was as follows:

7 AGE 88 Years Months Days 11 4 If LESS than 1 day, _____ hrs. or _____ min.

VALVULAR HEART DISEASE
AORTIC & MITRAL

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

(duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) LEESVILLE CONN (State or country)

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

10 NAME OF FATHER JOSEPH WHITMORE

18 Where was disease contracted if not at place of death?

11 BIRTHPLACE OF FATHER (city or town) UNKNOWN (State or country) CONN.

Did an operation precede death? NO Date of _____

12 MAIDEN NAME OF MOTHER ELECTRA UNKNOWN

Was there an autopsy? NO

13 BIRTHPLACE OF MOTHER (city or town) UNKNOWN CONN. (State or country)

What test confirmed diagnosis? NONE

(Signed) FRANCES X. CORR, M.D. , 19 22 (Address) 215 NEPONSET AVE.

14 Informant A. N. UPHAM (Address) 231 COURT RD, WINTHROP

19 PLACE OF BURIAL, CREMATION, OR REMOVAL NORWICH CONN DATE OF BURIAL SEPT. 26 19 22

15 Filed SEP. 27, 19 22 EWM Glenen Registrar of city or town where death occurred

20 UNDERTAKER J. E. WATERMAN & SONS ADDRESS BOSTON

Filed SEP. 25, 19 22 Registrar of city or town where deceased resided

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH the primary affection with respect to time and causation); using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (Name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely sym-tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Tebility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 49.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health. Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

Registered No. **8194**

(Place of death)

County **Suffolk** State **Massachusetts**

Registered No. **137**

(Place of residence)

City or Town **Boston** No. **PETER B. BRIGHAM HOSP.** St. **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **HENRY JOSEPH STONE**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **236 LINCOLN** St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **MALE** 4 COLOR OR RACE **WHITE** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

16 DATE OF DEATH (month, day, and year) **SEPT. 25** 19 **22**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **ALMA ELIZABETH GRAHAM**

17 ~~WE~~ **WE** **HEREBY CERTIFY**, That **I** attended deceased from **SEPT. 23**, 19**22**, to **SEPT. 25**, 19**22**, that I last saw him alive on **SEPT. 25**, 19**22**,

6 DATE OF BIRTH (month, day, and year)

and that death occurred, on the date stated above, at **2:50 A.M.** The CAUSE OF DEATH* was as follows:

7 AGE **29** Years Months Days If LESS than 1 day, hrs. or min.

ACUTE MASTOIDITIS
PURULENT MENINGITIS

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **MACHINIST** (b) Name of employer

(duration) yrs. mos. **7** ds. CONTRIBUTORY **STAPHYLOCOCCUS** (SECONDARY) **SEPTICEMIA** (duration) yrs. mos. **2** ds.

9 BIRTHPLACE (city or town) **CHELSEA** (State or country) **MASS**

18 Where was disease contracted if not at place of death?

10 NAME OF FATHER **NEWELL STONE**

Did an operation precede death? **NO** Date of

11 BIRTHPLACE OF FATHER (city or town) **SWAMPSCOTT** (State or country) **MASS**

Was there an autopsy? **NO**

12 MAIDEN NAME OF MOTHER **CLARA L. HARRINGTON**

What test confirmed diagnosis? **LABORATORY**

13 BIRTHPLACE OF MOTHER (city or town) **EAST BOSTON** (State or country)

(Signed) **EDWIN R. LEWIS ASST. SUPT.**, M.D. , 19 **22** (Address) **PETER B. BRIGHAM HOSP.**

14 Informant **ALMA E. STONE** (Address) **236 LINCOLN ST. WINTHROP MASS**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **SWAMPSCOTT CEM.** DATE OF BURIAL **SEPT 27** 19 **22**

15 Filed **SEP. 27**, 19 **22** **EWING** Registrar of city or town where death occurred

20 UNDERTAKER **C. R. BENNISON** ADDRESS **WINTHROP MASS.**

Filed **Oct 25**, 19 **22** Registrar of city or town where deceased resided

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of various pursuits is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not actually employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonæum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less used; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely sym. tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Inheritance," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Pneumocephaloma: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.

— *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

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

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

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

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Denvers
(City or town)
Registered No. 298
(Place of death)
135
(Place of residence)

1 PLACE OF DEATH Essex Mass.
County Denvers State Denvers State Hospital
City or Town No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louis S. Day
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. State Mass. City or Town Winthrop No. St.
(Usual place of abode)
Length of residence in city or town where death occurred -1 1 months 20 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Day

6 AGE 37 Years Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Concrete worker
(b) Name of employer

8 BIRTHPLACE (city or town) Maine
(State or country)

9 NAME OF FATHER Frank Day

10 BIRTHPLACE OF FATHER (city or town) Maine
(State or country)

11 MAIDEN NAME OF MOTHER Manule Gould

12 BIRTHPLACE OF MOTHER (city or town) Maine
(State or country)

13 Informant Custis Roch
(Address) Hathorne Mass.

14 Filed 10-9-22 Registrar of city or town where death occurred
Filed Oct. 10, 1922 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sep. 29, 1922.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1922 to Sep. 29, 1922
that I last saw him alive on Sep. 29, 1922
and that death occurred, on the date stated above, at 11.05 A.M.
The CAUSE OF DEATH was as follows:

General Paralysis of the Insane
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of

Was there an autopsy? no
What test confirmed diagnosis? no

(Signed) Guy C. Randall, M.D.
10/7/22. (Address) Hathorne, Mass.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Camden, Camden, Me.
DATE OF BURIAL 10/2/22

19 UNDERTAKER J. H. Logue
ADDRESS Boston

302
 Every item of information should be
 furnished in plain terms,
 EXACTLY. PHYSICIANS should state CAUSE OF DEATH
 in plain terms, and EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back
 of certificate.
 CAREFULLY supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back
 of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of various pursuits is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housekeeper*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Metastasis," "Old age," "Shock," "Trismus," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal *epilepsia*," "Puerperal *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Cardiacs will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: *Abortion*, *cellulitis*, *childbirth*, *convulsions*, *hemorrhage*, *gangrene*, *eastriitis*, *erysipelas*, *meningitis*, *miscarriage*, *nerosis*, *peritonitis*, *phlebitis*, *pyemia*, *septicemia*, *tetanus*.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

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

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or, min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct. 1, 1922

to

19

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

Still born
(Brach Delivery)CONTRIBUTORY
(SECONDARY)17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Date

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

(City or town)

19 UNDERTAKER

ADDRESS

Official

position

Date of

issue

of permit

Permit

No.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

1923
[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Chief engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms; *Nestles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningitis* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia" (merely symptomatic), "Atrophy," "Colicaps," "Coma," "Convulsions," "Dobility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, perforitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45*.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6*.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7*.

RULES OF PRACTICE

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

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

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

(3) **Medical examiners will investigate and certify** to all deaths 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Tewksbury

(City or town)

1 PLACE OF DEATH

County Middlesex State Massachusetts

City or Town Tewksbury No. State Infirmery

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

Registered No. 332
(Place of death)
Registered No. 152
(Place of residence)

2 FULL NAME

John White

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Massachusetts City or Town Winthrop No. _____ St. _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ years 3 months 5 days. How long in U. S., if of foreign birth? 45 years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Haskins

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
70 2 18

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stable man
(b) Name of employer

8 BIRTHPLACE (city or town) Germany
(State or country)

9 NAME OF FATHER Charles White

10 BIRTHPLACE OF FATHER (city or town) Prussia
(State or country)

11 MAIDEN NAME OF MOTHER Christina Krueger

12 BIRTHPLACE OF MOTHER (city or town) Prussia
(State or country)

13 Informant Hospital Records.

(Address)

14 Filed 10/4/1922 Registrar of city or town where death occurred

Filed Nov 11, 1922 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH October 4, 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 29, 1922 to Oct. 4, 1922

that I last saw him alive on Oct. 4, 1922

and that death occurred, on the date stated above, at 3:05 A.M.
The CAUSE OF DEATH was as follows:

Arteriosclerosis

(duration) + yrs. _____ mos. _____ ds.

CONTRIBUTORY Chronic Myocarditis
(SECONDARY)

(duration) + yrs. _____ mos. _____ ds.

17 Where was disease contracted Winthrop
if not at place of death?

Did an operation precede death? NO Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. A. MacIntyre, M.D.
10/4/1922 (Address) State Infirmery, Tewksbury

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL SS.

Winthrop, Winthrop Oct. 6, 1922

19 UNDERTAKER ADDRESS

C. R. Bennison, Winthrop, Mass.

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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, or also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Former or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *89 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-fection," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

PHYSICIANS should state CAUSE OF DEATH exactly. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentthrop Mass
(City or town)
Registered No. 139

1 PLACE OF DEATH

County *Suffolk*
City or Town *Wentthrop*

State

No. *90 Shore Drive* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Margaret F Pratt*

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *90 Shore Drive*
(Usual place of abode)

St., Ward. (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months *22* days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White American* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

15 DATE OF DEATH *Oct 6, 1922*
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from *Oct 5, 1922*, to *Oct 6, 1922*, that I last saw her alive on *Oct 6, 1922*, and that death occurred, on the date stated above, at *11 A* m. The CAUSE OF DEATH was as follows:
Congenital Heart Disease

6 AGE Years Months Days If LESS than 1 day, hrs. or min. *22*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *None* (b) Name of employer

CONTRIBUTORY (SECONDARY) *Infection Diphtheria* (duration) yrs. mos. *22* ds.

8 BIRTHPLACE (City) *Strong Hospital East Boston Mass* (State or country) *Massachusetts*

17 Where was disease contracted if not at place of death? *at place of birth* (duration) yrs. mos. *3* ds.

9 NAME OF FATHER *Lyman E. Pratt*

Did an operation precede death? *No* Date of *-*

10 BIRTHPLACE OF FATHER (City) *Reading* (State or country) *Massachusetts*

Was there an autopsy? *No* What test confirmed diagnosis? *Personal Autopsy* (Signed) *R. B. Parker*, M.D.

11 MAIDEN NAME OF MOTHER *Katherine B Morrison*

(Address) *Wentthrop Mass* Date *Oct 6, 1922* (Month) (Day) (Year)

12 BIRTHPLACE OF MOTHER (City) *Loch Lomond* (State or country) *Nova Scotia*

13 Informant *Lyman H. Pratt* (Address) *90 Shore Drive Wentthrop Mass*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Laurel Hill Reading Mass* (Cemetery) (City or town) DATE OF BURIAL *Oct 8, 1922*

14 Filed *Oct 20, 1922* (Month) (Day) (Year) REGISTRAR

19 UNDERTAKER *Frank D. Edgerley* ADDRESS *Reading Mass.*

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

Official position *Health Officer* Date of issue of permit *10/6/22* Permit No. *482*

Oct. 6, 1923.

R-302
 N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town) 8622

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. **8622**

(Place of death)

City or Town **Boston** No. **ST. ELIZ. HOSP.**

Registered No. **140**

(Place of residence)

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

2 FULL NAME **JOSEPH DYCE**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **26** **NEVADA** St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **JESSIE**

6 DATE OF BIRTH (month, day, and year) **MAR. 24, 1851**

7 AGE Years **71** Months **6** Days **13** If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **DRY GOODS SUPT.**

(b) Name of employer

9 BIRTHPLACE (city or town) **SCOTLAND** (State or country)

PARENTS
 10 NAME OF FATHER **JOHN**
 11 BIRTHPLACE OF FATHER (city or town) (State or country) **SCOTLAND**
 12 MAIDEN NAME OF MOTHER **JANET GRANT**
 13 BIRTHPLACE OF MOTHER (city or town) (State or country) **SCOTLAND**

14 Informant **MR. H. REINHARD** (Address)

15 Filed **OCT. 13, 1922** **E. W. M. Glenen** Registrar of city or town where death occurred
 Filed _____, 1922 _____ Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **OCT. 7, 1922**

17 I HEREBY CERTIFY, That I attended deceased from **SEPT. 6, 1922**, to **OCT. 7, 1922**,

that I last saw him alive on **OCT. 7, 1922**,

and that death occurred, on the date stated above, at **1.40 P. M.**

The CAUSE OF DEATH* was as follows:

PROSTATIC OBSTRUCTION

(duration) yrs. mos. ds.
 CONTRIBUTORY **BRONCHIAL PNEUMONIA** (SECONDARY)
 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? **YES** Date **OCT. 2**

Was there an autopsy? **(PROSTATECTOMY.)**

What test confirmed diagnosis?
 (Signed) **G. R. BAXTER**, M.D.
 , 1922 (Address) _____

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **FOREST HILLS CEM.** DATE OF BURIAL **OCT. 10, 1922**

20 UNDERTAKER **F. E. BROWN** ADDRESS

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer*—*Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., *of*, (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely syn. *tomatic*), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebilita" ("Congestial," "Saddle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

R-302
 N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town) 8642

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. (Place of death)

City or Town **Boston** No. **MASS. GEN. HOSPT.** St. **Ward**
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **141** (Place of residence)

2 FULL NAME **LAWRENCE R. REYNOLDS**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **25 WALDEMAR** St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **CHARLOTTE**

6 DATE OF BIRTH (month, day, and year) **APR. 22, 1878**

7 AGE Years **44** Months **5** Days **17** If LESS than 1 day, hrs. of min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (city or town) **CAMBRIDGE** (State or country)

10 NAME OF FATHER **STEPHEN W. REYNOLDS**

11 BIRTHPLACE OF FATHER (city or town) **CHATHAM** (State or country)

12 MAIDEN NAME OF MOTHER **ADA VOSE**

13 BIRTHPLACE OF MOTHER (city or town) **BOSTON** (State or country)

14 Informant **MRS. REYNOLDS** (Address)

15 Filed **OCT. 13, 1922** **E. W. M. Glenn** Registrar of city or town where death occurred

Filed **OCT 25, 1922** Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **OCT. 9 1922**

17 I HEREBY CERTIFY, That I attended deceased from **OCT. 7, 1922** to **OCT. 9, 1922**, that I last saw him alive on **OCT. 9, 1922**,

and that death occurred, on the date stated above, at **10.50 P. M.** The CAUSE OF DEATH* was as follows:

CHR. NEPHRITIS, URAEMIA, ALBUMENURIC RETINITIS, BRONCHO-PNEUMONIA

(duration) yrs. mos. ds. **CONTRIBUTORY BRONCHO-PNEUMONIA** (SECONDARY) (duration) yrs. mos. ds. **3**

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **L. R. WHEELER**, M.D. , 1922 (Address) **OCT. 9**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

MEDFORD (OAK GROVE) **OCT. 12 1922**

20 UNDERTAKER ADDRESS **J. S. WATERMAN & SONS**

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person. Irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Printer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely sym. tomiac), "Atrophy," "Col-lapsus," "Coma," "Convulsions," "Erbility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Ins-ultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS. GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or the agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 142
City or Town Wentworth No. 271 Shirley St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James Herbert Irving
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 271 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)Length of residence in city or town where death occurred 9 years 9 months 9 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a If married, widowed, or divorced
HUSBAND of Susan Irving
(or) WIFE of6 DATE OF BIRTH Sept 23, 1858
(Month) (Day) (Year)7 AGE Years Months Days If LESS than 1 day, his, or min.
64 0 18

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter
(b) Name of employer9 BIRTHPLACE (City) Baltimore
(State or country) New Brunswick10 NAME OF FATHER George Irving11 BIRTHPLACE OF FATHER (City) Baltimore
(State or country) New Brunswick12 MAIDEN NAME OF MOTHER Jane Milton13 BIRTHPLACE OF MOTHER (City) New Brunswick
(State or country)14 Informant Susan Irving (Wife)
(Address) 271 Shirley St. - Wentworth15 Filed Oct 20, 1922
(Month) (Day) (Year) REGISTRAR

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

S. P. Mowry
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 11, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

_____, 19_____, to _____, 19_____,
that I last saw him alive on _____, 19_____,and that death occurred, on the date stated above, at 9:30 P. M.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis(duration) 5 yrs. _____ mos. _____ ds.CONTRIBUTORY Branchial Arteritis
(SECONDARY)(duration) 1 yrs. _____ mos. _____ ds.18 Where was disease contracted at home
if not at place of death? FOR WHAT?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Personal investigation
(Signed) Raymond B. Parkes, M.D.(Address) Wentworth Board of HealthDate Oct 13, 1922
(Month) (Day) (Year)19 PLACE OF BURIAL, CREMATION, OR REMOVAL Belleveue - Lawrence Mass. DATE OF BURIAL Oct 14, 1922
(Cemetery) (City or town)20 UNDERTAKER Robert J. Belyea ADDRESS 72 Almont St.Official position Health Officer Date of issue of permit 9/13/22 Permit No. 484

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less desirable; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *aged*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthema," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician necessary the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) Medical examiners will investigate and certify to all deaths 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.

12,665

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State _____ Registered No. 143
City or Town Winthrop No. 42 Franklin St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sella M. White
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 42 Franklin St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 years _____ months _____ days _____
How long in U. S., if of foreign birth? years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a If married, widowed, or divorced
HUSBAND of George E. White
(or) WIFE of _____

6 AGE Years 54 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer _____

8 BIRTHPLACE (City) Danville
(State or country) - Va -

9 NAME OF FATHER Amelia L. White

10 BIRTHPLACE OF FATHER (City) " " "
(State or country) " " "

11 MAIDEN NAME OF MOTHER Matilda Slaughter

12 BIRTHPLACE OF MOTHER (City) Amelia L. White
(State or country) " " "

13 Informant E. J. White
(Address) 42 Franklin St Winthrop

14 Filed Oct 13 1922
(Month) (Day) (Year) REGISTRAR

20 Burial permit issued by J. J. Murray

Official position Health Officer

21 Date of issue 10/13/22

Permit No. 453

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct. 11 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Cause:
Cardiac vascular disease -
(Found dead)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) George Augustus Maguire, M.D.
(Address) _____

Medical Examiner for Suffolk
Date Oct. 11 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Winthrop Winthrop
(Cemetery) (City or town) DATE OF BURIAL Oct. 14 1922
(Month) (Day) (Year)

19 UNDERTAKER C. R. Bennett ADDRESS Winthrop

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

MARGIN RESERVED FOR BINDING

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Del. 11. 1922

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County SuffolkState Mass.Registered No. 144City or Town WinthropNo. I Wilshire St.

St., Ward

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

2 FULL NAME Katherine Donahoe

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. St. John No. 20

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofPatrick Donahoe

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

88

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home

(b) Name of employer

8 BIRTHPLACE (City).

Ireland

(State or country)

9 NAME OF

FATHER Jeremiah Murphy

10 BIRTHPLACE OF

FATHER (City)

(State or country) Ireland

11 MAIDEN NAME

OF MOTHER

Mary Burke

12 BIRTHPLACE OF

MOTHER (City)

(State or country) Ireland

13

Informant Miss M. Harris(Address) I Wilshire St. Winthrop

14

Filed Oct. 16, 1932

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedS. P. Mowry
9-7

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct.15

(Day)

1932

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 11, 1932, to Oct 13, 1932that I last saw h.w. alive on Oct 14, 1932,and that death occurred, on the date stated above, at 1:30 A. m.

The CAUSE OF DEATH was as follows:

Arterio-sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Maloney M.D.(Address) 306 Winthrop St.Date Oct 15, 1932

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery) St. John N.E.

(City or town)

Oct 18/32

19 UNDERTAKER

ADDRESS

John F. O'Malley WinthropOfficial
position

Health Officer

Date of
issue

of permit

10/15/32 No. 485

Permit

No.

N. B. - WHITE PAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Person*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Nekrosis*: *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Goma," "Convulsions," "Debilis" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Pneumopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Suffolk*City or Town *West Roxbury*State *Mass.*Registered No. *143*No. *59*, *Sumner St.* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME *Harriet A. Gilbert*

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *59 Sumner St.* St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred years *15* months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow* (write the word)5a If married, widowed, or divorced HUSBAND of *Harold B. Gilbert* (or) WIFE of6 AGE Years *60* Months *7* Days *24* If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country) *Newton (Mass)*9 NAME OF FATHER *Lewis H. Inose*

10 BIRTHPLACE OF FATHER (City)

(State or country) *Tuftsboro (N.H.)*11 MAIDEN NAME OF MOTHER *Louisa Durgin*

12 BIRTHPLACE OF MOTHER (City)

(State or country) *Northwood (N.H.)*13 Informant *Louisa A. Gilbert*(Address) *above*14 Filed *Oct 20, 1922*

(Month) (Day) (Year)

REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Oct 20, 1922*

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from *Oct 16, 1922, to Oct 20, 1922,*that I last saw him alive on *Oct 20, 1922,*and that death occurred, on the date stated above, at *1:30 p.m.*

The CAUSE OF DEATH was as follows:

Senile Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Arteriosclerosis*

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of *—*Was there an autopsy? *No*What test confirmed diagnosis? *Microscopic*(Signed) *George W. ...* M.D.(Address) *125 St. ...*Date *Oct 21, 1922* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery) *Newton*(City or town) *Newton*DATE OF BURIAL *Oct 21, 1922*19 UNDERTAKER *William ...*ADDRESS *...*Official position *Health Officer* Date of issue of permit *10 21, 22* Permit No. *485*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

W. R. O. 1922

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *146*
City or Town *Wintthrop* No. *81 Sargent* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Baby Fioote*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *731 Sargent* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

15 DATE OF DEATH *Oct 24 1922*
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

16 I HEREBY CERTIFY, That I attended deceased from *Sept 30, 1922*, to *Oct 24, 1922*.
that I last saw him alive on *Oct 23, 1922*
and that death occurred, on the date stated above, at *47* m.
The CAUSE OF DEATH was as follows:

6 AGE Years _____ Months _____ Days *26* If LESS than 1 day, _____ hrs. or _____ min.

Premature (7 mo)
(duration) _____ yrs. _____ mos. _____ ds.

If STILLBORN, enter that fact here *Pre-mature*

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (City) *Wintthrop*
(State or country) *Mass*

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? *no* Date of _____

9 NAME OF FATHER *Shalding A. Fioote*

10 BIRTHPLACE OF FATHER (City) *St. Albans*
(State or country) *Vermont*

Was there an autopsy? *no*
What test confirmed diagnosis? _____

11 MAIDEN NAME OF MOTHER *Florence Millington*

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

(Signed) *D. D. Mulhoney*, M.D.
(Address) *356 Wintthrop St*
Date *Oct 27 1922*
(Month) (Day) (Year)

13 Informant *Father*
(Address) *Shalding A. Fioote*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wintthrop Cemetery*
(Cemetery) (City or town) DATE OF BURIAL *Oct 25*

14 Filed *Nov. 1, 1922*
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER *B. R. Benson* ADDRESS *Wintthrop*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *S. A. Murray* Official position, *Health Officer* Date of issue of permit *10/26/22* Permit No. *487*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH *Suffolk* County *Mass* State Registered No. *1117*
City or Town *Wintthrop* No. *115 Summit ave* St., *are* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Edwin Stanley Price*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *115 Summit ave* St., *are* Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *12* years - months - days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

15 DATE OF DEATH *Oct 25 1922*
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of *Lena. J. Price*
(or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from *Oct 14*, 19*22*, to *Oct 25*, 19*22*, that I last saw him alive on *Oct 25*, 19*22*, and that death occurred, on the date stated above, at *4:15 A* m. The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage

6 AGE Years *59* Months *6* Days *17* If LESS than 1 day, hrs. *17* or min.

If STILLBORN, enter that fact here

(duration) yrs. mos. ds.
CONTRIBUTORY *Artistic Selection*
(SECONDARY) (duration) *3 yrs +* mos. ds.

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Floor Manager*
(b) Name of employer *Wintthrop*

17 Where was disease contracted if not at place of death? *at place of death*
Did an operation precede death? *No* Date of *-*
Was there an autopsy? *No*
What test confirmed diagnosis? *Personal Observation*
(Signed) *R. B. Parker*, M.D.
(Address) *Wintthrop, Mass*
Date *Oct 25 1922*
(Month) (Day) (Year)

8 BIRTHPLACE (City) *Jackson*
(State or country) *Ill.*

9 NAME OF FATHER *Phileman B. Price*

10 BIRTHPLACE OF FATHER (City) *Lexington*
(State or country) *Ky*

11 MAIDEN NAME OF MOTHER *Elizabeth Hulse*

12 BIRTHPLACE OF MOTHER (City) *Lexington*
(State or country) *Ky*

13 Informant *Lena. J. Price*
(Address) *115 Summit ave*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Anthony Cambridge*
(Cemetery) *Mass* (City or town) *are* DATE OF BURIAL *Oct 27-1922*

14 Filed *Nov 1 1922*
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER *C. R. Penman* ADDRESS *Wintthrop*

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

Official position *Health Officer* Date of issue *10 25 22* Permit No. *489*

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *A automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scalia," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefore furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the photo where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

148

City or Town

Winthrop
Boston

No.

412, Sherley

St., 56 Ward

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

2 FULL NAME

Mary E. Hall

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

412, Sherley

St., 56 Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

19 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Colored

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Benny Hall

6 DATE OF BIRTH

(Month)

(Day)

1879
(Year)

7 AGE

Years

Months

Days

If LESS than

43

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

9 BIRTHPLACE (City)

Crown Va

(State or country)

10 NAME OF
FATHER

Archib Bland

11 BIRTHPLACE OF
FATHER (City)

Crown Va

(State or country)

12 MAIDEN NAME
OF MOTHER(Carolyne) Cantor
learned13 BIRTHPLACE OF
MOTHER (City)

Crown Va

(State or country)

14

Informant

Benny Hall

(Address)

412 Sherley St

15

Filed

Nov. 1, 1922

(Month)

(Day)

(Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedJ. A. Mowry
9/2

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

October 27, 1922.
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 1, 1922, to Oct. 27, 1922,

that I last saw her alive on

Oct. 26, 1922,

and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH was as follows:

Carcinoma of Cervix Uteri

(duration) 1 yrs. (3) mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed)

William J. Porter M.D.

(Address)

Winthrop, Mass.

Date

October 28, 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt. Hope
(Cemetery)Boston
(City or town)

DATE OF BURIAL

Oct 29 1922

20 UNDERTAKER

J. B. Wright

ADDRESS

Boston

Official
position

Health Officer

Date of
issue

1/28/22

Permit

No. 488

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the old definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 23 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waverley
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *149*
City or Town *Weymouth* No. *51 Bowdoin St* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Baby Dumpe Still Born*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
Still Born

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) *Weymouth*
(State or country) *Mass*

9 NAME OF FATHER *Chas. H. Bump*

10 BIRTHPLACE OF FATHER (City) *Craftsbury*
(State or country) *Vermont*

11 MAIDEN NAME OF MOTHER *Mary F. Hopkins*

12 BIRTHPLACE OF MOTHER (City) *Palmdale*
(State or country) *Florida*

13 Informant *Chas H. Bump*
(Address) *51 Bowdoin St Weymouth*

14 Filed *Nov. 1, 1922*
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Oct 28 '22*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. alive on _____, 19____, and that death occurred, on the date stated above, at *3:00 a.m.* The CAUSE OF DEATH was as follows: *Still born*

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? (Signed) *F. W. Jayton*, M.D. (Address) *Fort Banks, Mass* Date *Oct 29 '22*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Weymouth Cemetery* DATE OF BURIAL *Oct 30th 1922*
(Cemetery) (City or town)

19 UNDERTAKER *C. R. Semmes* ADDRESS *Weymouth*

Official position, *Secretary* Date of issue of permit *10 30/22* No. *491*

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *39 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anomia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the certifier required for the purpose, shall upon application make or cause by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 98, Sec. 6.*

. . . I shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 98, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County _____ State _____ Registered No. 150
 City or Town Winthrop No. 85 Bartlett Rd. St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Anna A. Bengtson
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 85 Bartlett Rd. St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced HUSBAND of Theodor Bengtson (or) WIFE of _____

6 DATE OF BIRTH April 9, 1856
 (Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
66 6 20

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
 (b) Name of employer _____

9 BIRTHPLACE (City) _____ (State or country) Sweden

10 NAME OF FATHER Ludwig Höjberg

11 BIRTHPLACE OF FATHER (City) _____ (State or country) Sweden

12 MAIDEN NAME OF MOTHER Margrah - Unknown

13 BIRTHPLACE OF MOTHER (City) _____ (State or country) Sweden

14 Informant Fannie Bengtson (Address) 85 Bartlett Rd.

15 Filed Nov. 1, 1922 REGISTRAR
 (Month) (Day) (Year)

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

Albert J. Smith
 3125

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 29, 1922
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July, 1922, to Oct 29, 1922, that I last saw him alive on Oct 29, 1922, and that death occurred, on the date stated above, at 2 P. m. The CAUSE OF DEATH was as follows:

Acute dilatation of heart

CONTRIBUTORY Chronic Gastritis
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____ (duration) _____ yrs. _____ mos. _____ ds.

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) F. Curry At Kelly, M.D.

(Address) 200 Pleasant St.

Date Oct 30, 1922
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hills Roxbury DATE OF BURIAL Oct 31, 1922
 (Cemetery) (City or town)

20 UNDERTAKER Frank E. Brown ADDRESS C. Boston

Official position Secretary Date of issue of permit 10/30/22 No. 690

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, pertussis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 922.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

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

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

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

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winch
 (City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

151

City or Town

Winch

No.

179 Pauline St

St.,

Ward

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

2 FULL NAME

Benjamin Baby Knudson 3rd

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

179 Pauline

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*---*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

*X**X**3*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Winch
*Mass*9 NAME OF
FATHER*Benjamin Knudson Jr.*10 BIRTHPLACE OF
FATHER (City)

(State or country)

East Boston
*Mass*11 MAIDEN NAME
OF MOTHER*Eleanore C. Sheldon*12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Boston
Mass

13

Informant

Benjamin Knudson Jr

(Address)

179 Pauline Winch Mass

14

Filed

Nov. 1 1922

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

Oct 29

(Day)

1922

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 23, 1922, to *Oct 29*, 1922,that I last saw him alive on *Oct 29*, 1922,and that death occurred, on the date stated above, at *3 P* m.

The CAUSE OF DEATH was as follows:

*Congenital Deblity**Premature Birth at 6 months*(duration) yrs. mos. *7* ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *Resumal Observation*(Signed) *Raymond B Parker*, M.D.

(Address)

Winch Mass

Date

(Month)

Oct 30

(Day)

1922

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winch Mass(Cemetery) *Winch* (City or town)

DATE OF BURIAL

Oct 30 1922

19 UNDERTAKER

C R Be...

ADDRESS

Winch

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

Arthur J. Smith

Official position

Secretary

Date of issue

11/30/22

of permit

Permit No.

489

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill*; (a) *Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*; *Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *If whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "P^{ER}NERVAL *septicemia*," "P^{ER}NERVAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

Registered No. 9292

(Place of death)

County Suffolk State Massachusetts

Registered No. 174

(Place of residence)

City or Town Boston No. MASS. GEN. HOSPT. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CHARLOTTE SNEIDER
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 108 SHIRLEY St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SIN.

16 DATE OF DEATH (month, day, and year) OCT. 31 1922

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from OCT. 30, 1922, to OCT. 31, 1922, that I last saw h. ER alive on OCT. 31, 1922, and that death occurred, on the date stated above, at 10.04 P.M.

6 DATE OF BIRTH (month, day, and year)

The CAUSE OF DEATH* was as follows:

7 AGE Years Months Days If LESS than 1 day, hrs. or min. 3 22

BIRTH PARALYSIS & ATELECTASIS

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

(duration) yrs. mos. ds.

9 BIRTHPLACE (city or town) BOSTON (State or country)

CONTRIBUTORY BRONCHO-PNEUMONIA (SECONDARY)

(duration) yrs. mos. ds. 7

10 NAME OF FATHER MAX SNEIDER

18 Where was disease contracted if not at place of death?

11 BIRTHPLACE OF FATHER (city or town) RUSSIA (State or country)

Did an operation precede death? Date of

Was there an autopsy?

12 MAIDEN NAME OF MOTHER ETTA SHORE

What test confirmed diagnosis?

13 BIRTHPLACE OF MOTHER (city or town) RUSSIA (State or country)

(Signed) G. A. MAC IVER, M.D. , 1922 (Address) NOV. 1

14 Informant FATHER (Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL WOBURN (BETH JOSEPH) DATE OF BURIAL NOV. 1 1922

15 Filed NOV. 8, 1922 E. W. M. Glenen Registrar of city or town where death occurred

20 UNDERTAKER MANUEL STANETSKY ADDRESS

Filed JAN. 19, 1923 19 Registrar of city or town where deceased resided

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic services for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely synonymical), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebidity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

7-301
 PHYSICIANS should state CAUSE OF DEATH
 OCCUPATION is very important. See
 instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
 (City or town)
 Registered No. *153*

1 PLACE OF DEATH
 County *Suffolk* State *Mass*
 City or Town *Winthrop* No. *532 Shirley St* St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Frederic Brown*
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. *532 Shirley* St., Ward _____
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred *40* years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widower*

5a If ~~married~~, widowed, or divorced HUSBAND of *the late Martha Brown* (or) WIFE of _____

6 AGE Years *73* Months *6* Days *8* If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *retired*
 (b) Name of employer *unable to obtain*

8 BIRTHPLACE (City) _____ (State or country) _____

9 NAME OF FATHER *Wm Brown*
 10 BIRTHPLACE OF FATHER (City) *Wolfeboro* (State or country) *N. H.*
 11 MAIDEN NAME OF MOTHER *Elyia Woodman*
 12 BIRTHPLACE OF MOTHER (City) *unable to obtain* (State or country) _____

13 Informant *C.R. Beccuson* (Address) *Winthrop*

14 Filed _____ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Nov 1 1922*
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *April 20*, 19*22*, to *Nov 1*, 19*22*, that I last saw him alive on *Nov 1*, 19*22*, and that death occurred, on the date stated above, at *11 A* m. The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease
 (duration) *2* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis? *Perusal observation*
 (Signed) *Raymond B Parker*, M.D.
 (Address) *Winthrop Mass*
 Date *Nov 3 1922*
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Winthrop Mass* DATE OF BURIAL *Nov 4 1922*
 (Cemetery) _____ (City or town)

19 UNDERTAKER *C.R. Beccuson* ADDRESS *Winthrop Mass*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *Albert J. Smith* Official position *Secretary* Date of issue *Nov 7 22* Permit No. *492*

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Coal miner, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dyskeritic* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem, etc.*, *Coronaria, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *89 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumony"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 96, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 85, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

Registered No. 9312

County Suffolk State Massachusetts

(Place of death)

City or Town Boston No. CITY HOSPT. St. Ward

Registered No. 179

(Place of residence)

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

2 FULL NAME

FLORENCE JONES

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 18 TEWKSBURY St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WID.

16 DATE OF DEATH (month, day, and year) NOV. 1 1922

5a If married, widowed, or divorced HUSBAND of (or) WIFE of STEPHEN JONES

17 I HEREBY CERTIFY, That I attended deceased from

6 DATE OF BIRTH (month, day, and year) ----

....., 19....., to....., 1922.....

7 AGE Years Months Days If LESS than 1 day,.....hrs. or.....min. 67 10 8

that I last saw h..... alive on....., 1922.....

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

If STILLBORN, enter that fact here

RABIES ?

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work AT HOME

(b) Name of employer

.....(duration) yrs. mos. ds.

9 BIRTHPLACE (city or town) CALAIS (State or country) ME.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

10 NAME OF FATHER RICHARD CREASEY

18 Where was disease contracted if not at place of death?.....

11 BIRTHPLACE OF FATHER (city or town) MINNEAPOLIS (State or country) MINN

Did an operation precede death?..... Date of.....

12 MAIDEN NAME OF MOTHER MARY J. FRAZIER

Was there an autopsy?.....

13 BIRTHPLACE OF MOTHER (city or town) CALAIS (State or country) ME.

What test confirmed diagnosis?.....

14 Informant A. F. BENSON (Address)

(Signed) TIMOTHY LEARY, M.D., EX., M.D. , 1922 (Address) NOV. 1

19 PLACE OF BURIAL, CREMATION, OR REMOVAL NASHUA, N. H. (WOODLAWN) DATE OF BURIAL NOV. 3 1922

15 Filed NOV. 3. 1922 E. W. M. Glenon Registrar of city or town where death occurred

20 UNDERTAKER C. R. BENNISON ADDRESS WINTHROP

Filed NOV. 27. 1923 Registrar of city or town where deceased resided

PHYSICIANS should state CAUSE OF DEATH in plain terms, carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*; (d) *Grocery*; (e) *Foreman*; (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely *sym.tomatic*), "Atrophy," "Collapse," "Coma," "Convulsions," "Lability" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died! . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided: If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 86, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

(City or town)

Registered No.

154

City or Town

Winthrop

No.

68

Heron

St.

Ward

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

2 FULL NAME

Katherine Paschal

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

68 Hermon

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Michael

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

57

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home.

(b) Name of employer

8 BIRTHPLACE (City)

Sydney
N.S.

(State or country)

9 NAME OF
FATHER

Angus MacKinnon

10 BIRTHPLACE OF
FATHER (City)

Sydney

(State or country)

11 MAIDEN NAME
OF MOTHER

Florence Steele

12 BIRTHPLACE OF
MOTHER (City)

Sydney

(State or country)

13

Informant

Michael Paschal

(Address)

68 Hermon St.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

S. J. Morry

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov 9 1922
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 9, 1922, to Nov 6, 1922,

that I last saw her alive on Nov 6, 1922,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Embolism

sudden
(duration) yrs. mos. ds.CONTRIBUTORY
(SECONDARY)Nervitis - Neuralgia
Gen Debility (duration) yrs. 6 mos. ds.17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. B. Hurley M.D.

(Address) 158 Princeton St EB

Date Nov 10 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL

Nov. 12/22

19 UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

Official
position

Health office

Date of
issue
of permit

11/11/22

Permit

No. 493

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. This question applies to each and every person, irrespective of age. If or many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archibed, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Meningis; Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningis* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lobility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. . . . If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 89, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 89, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners** will investigate and certify to all deaths 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.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. **135**
City or Town **Winthrop** No. **18 Prescott** St., Ward

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

2 FULL NAME **Charity H. Pinkham**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **18 Prescott** St., Ward. (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **Alexander B. Pinkham**

6 AGE Years **80** Months **3** Days **8** If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **at home** (b) Name of employer

8 BIRTHPLACE (City) **Sandwich** (State or country) **Mass**

9 NAME OF FATHER **Soloman Jones**

10 BIRTHPLACE OF FATHER (City) **Sandwich** (State or country) **Mass.**

11 MAIDEN NAME OF MOTHER **cannot be learned**

12 BIRTHPLACE OF MOTHER (City) **cannot be learned** (State or country)

13 Informant **Everard W. Pinkham** (Address) **18 Prescott St.**

14 Filed **Nov 11 1922** (Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **Nov 11 1922** (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **Nov 10**, 19**22**, to **Nov 11**, 19**22**, that I last saw her alive on **Nov 11**, 19**22**, and that death occurred, on the date stated above, at **4:30 A. M.** The CAUSE OF DEATH was as follows:

Acute enteritis
[Enteritis]

(duration) **1** yrs. **0** mos. **2** ds.

CONTRIBUTORY (SECONDARY) **Severe** (duration) **1** yrs. **0** mos. **0** ds.

17 Where was disease contracted if not at place of death? **+**

Did an operation precede death? **no** Date of **no**

Was there an autopsy? **no**

What test confirmed diagnosis? **clinical**

(Signed) **W. E. Johnson**, M.D. (Address) **Worcester Mass**

Date **Nov 11 1922** (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **Mt. Hope - Boston** (Cemetery) (City or town)

DATE OF BURIAL **Nov 12, 1922**

19 UNDERTAKER **Robert J. Belyea**

ADDRESS **742 Dudley St. 72 Belmont St.**

Official position **Secretary** Date of issue of permit **11/11/22** No. **494**

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *23 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Imitation," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 89, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 89, Sec. 7.*

RULES OF PRACTICE

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

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

PHYSICIANS should state CAUSE OF DEATH EXACTLY. AGE should be stated EXACTLY. in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 156
City or Town Winthrop No. 44 Bowdoin St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William F. Powers
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 44 Bowdoin St., Ward
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

| PERSONAL AND STATISTICAL PARTICULARS | | | | |
|--|---|--|------|--|
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> | | |
| 5a If married, widowed, or divorced HUSBAND of <u>Margaret</u> (or) WIFE of | | | | |
| 6 AGE <u>68</u> | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| If STILLBORN, enter that fact here | | | | |
| 7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) Name of employer <u>Iron moulder</u> | | | | |
| 8 BIRTHPLACE (City) (State or country) <u>Ireland</u> | | | | |
| PARENTS | 9 NAME OF FATHER <u>William</u> | | | |
| | 10 BIRTHPLACE OF FATHER (City) (State or country) <u>Ireland</u> | | | |
| | 11 MAIDEN NAME OF MOTHER <u>Agnes Collins</u> | | | |
| | 12 BIRTHPLACE OF MOTHER (City) (State or country) <u>Ireland</u> | | | |

| MEDICAL CERTIFICATE OF DEATH | |
|--|--|
| 15 DATE OF DEATH <u>Nov. 11</u> 19 <u>22</u> (Month) (Day) (Year) | 16 I HEREBY CERTIFY, That I attended deceased from <u>Oct 21</u> , 19 <u>22</u> , to <u>Nov. 11</u> , 19 <u>22</u> , that I last saw h. <u>alive</u> on <u>Nov. 11</u> , 19 <u>22</u> , and that death occurred, on the date stated above, at <u>11:30</u> p.m. The CAUSE OF DEATH was as follows: <u>Acute nephritis</u> |
| CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. | |
| 17 Where was disease contracted if not at place of death? Did an operation precede death? <u>No</u> Date of Was there an autopsy? <u>No</u> What test confirmed diagnosis? (Signed) <u>C. Drachman</u> M.D. (Address) <u>356 North St.</u> Date <u>Nov 12 1922</u> (Month) (Day) (Year) | |

13 Informant Louise Powers 44 Bowdoin St.
(Address)
14 Filed (Month) (Day) (Year) REGISTRAR John F. O'Maley
18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Pauls Burlington (Cemetery) (City or town)
DATE OF BURIAL Nov 14, 22
19 UNDERTAKER John F. O'Maley ADDRESS Win.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith Official Secretary Date of issue of permit 11/13/22 Permit No. 495

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The marital worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not finally employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia?); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

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

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

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

(3) **Medical examiners will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

Registered No. 9743

(Place of death)

Registered No. 175

(Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or Town Boston No. MASS. HOME O. HOSP T. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARGARET SHEPHERD

(a) Residence. State MASS. City or Town WINTROP No. 36 ATLANTIC St.
(If in the Army or Navy of the United States, give rank, organization, etc.)
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WID.

16 DATE OF DEATH (month, day, and year) NOV. 13 1922

5a If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN H.

17 I HEREBY CERTIFY, That I attended deceased from OCT. 2 1922, to NOV. 13, 1922, that I last saw h. ER. alive on NOV. 13, 1922

6 DATE OF BIRTH (month, day, and year)

and that death occurred, on the date stated above, at 11.55 P. The CAUSE OF DEATH* was as follows:

7 AGE Years Months Days If LESS than 1 day, hrs. or min. 45 6 26

PULM. EMBOLUS

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work AT HOME
(b) Name of employer

(duration) yrs. mos. ds. CONTRIBUTORY VARIOSE VEINS (BOTH LIMBS) (SECONDARY) (duration) yrs. mos. ds.

9 BIRTHPLACE (city or town) SCOTLAND (State or country)

18 Where was disease contracted if not at place of death?

10 NAME OF FATHER WILLIAM MC KACHNIE

Did an operation precede death? YES Date of OCT. 5

11 BIRTHPLACE OF FATHER (city or town) SCOTLAND (State or country)

Was there an autopsy? YES

12 MAIDEN NAME OF MOTHER

What test confirmed diagnosis?

13 BIRTHPLACE OF MOTHER (city or town) SCOTLAND (State or country)

(Signed) H. M. POLLACK, M.D. 1922 (Address) NOV. 14

14 Informant JEANIE H. SHEPHERD (Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

WINTHROP NOV. 15 1922

15 Filed NOV. 17 1922 E. W. M. Glenen Registrar of city or town where death occurred

20 UNDERTAKER C. R. BENNISON ADDRESS WINTHROP

Filed 19 Registrar of city or town where deceased resided

302
 THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.— Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Examples: *Malaria* (disease causing death), *39 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptomatic), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Drema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State causes for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neurosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 53, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

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

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 157
City or Town Winthrop No. 291 Shirley St., Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mildred Williams
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 291 Shirley St., Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE Negro
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Single
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6 AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.
1 4
If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

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

PARENTS
9 NAME OF FATHER Fred
10 BIRTHPLACE OF FATHER (City) Barbadoes
(State or country) W. I.
11 MAIDEN NAME OF MOTHER Breth White
12 BIRTHPLACE OF MOTHER (City) Barbadoes
(State or country) W. I.

13 Informant Fred Williams
(Address) 291 Shirley St.

14 Filed Nov. 25 1922
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert J. Smith
4/8

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 15 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1922, to Nov. 15, 1922, that I last saw her alive on Nov. 15, 1922, and that death occurred, on the date stated above, at 6-30 P. m. The CAUSE OF DEATH was as follows:

Marasmus.

(duration) _____ yrs. 6 mos. _____ ds.
CONTRIBUTORY Peckets
(SECONDARY) (duration) 1 yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? No. Date of _____
Was there an autopsy? No.
What test confirmed diagnosis? clinical
(Signed) Melissa J. Paré, M.D.
(Address) Winthrop
Date Nov. 15 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop DATE OF BURIAL 11/17/22
(Cemetery) (City or town)

19 UNDERTAKER John F. O'Malley ADDRESS Win.
Official position Secretary Date of issue of permit 11/16/22 Permit No. 496

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Maniasms," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Apoptosis, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

— He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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

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

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

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town) 9820

1 PLACE OF DEATH

Registered No. (Place of death)

County **Suffolk** State **Massachusetts**

Registered No. 176 (Place of residence)

City or Town **Boston** No. **B.C.H. RELIEF HOSPT.** St. **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **JOHN FOX** (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **15 MOORE** St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WID.**

16 DATE OF DEATH (month, day, and year) **NOV. 16 1922**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **IDA B.**

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h..... alive on _____, 19____, and that death occurred, on the date stated above, at _____m. The CAUSE OF DEATH* was as follows:

6 DATE OF BIRTH (month, day, and year) 7 AGE Years Months Days If LESS than I day,.....hrs. or.....min. **68 1**

NATURAL CAUSES. CARDIO-VASCULAR DISEASE (SUDDEN DEATH COLLAPSED WHILE AT WORK)

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **SHIPPER** (b) Name of employer

.....(duration)..... yrs..... mos..... ds.

9 BIRTHPLACE (city or town) **GAGETOWN** (State or country) **N. B.**

CONTRIBUTORY (SECONDARY)(duration)..... yrs..... mos..... ds.

10 NAME OF FATHER **REUBEN FOX**

18 Where was disease contracted if not at place of death? Did an operation precede death? Date of

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Was there an autopsy? What test confirmed diagnosis?

12 MAIDEN NAME OF MOTHER **MARY**

(Signed) **GEORGE BURGESS MAGRATH M.D. EX.** , 19 22 (Address) **NOV. 17**

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant **W. M. CLARKE** (Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15 Filed **NOV. 20, 1922** **E. W. McEwen** Registrar of city or town where death occurred

FOREST HILLS **NOV. 19 22**

20 UNDERTAKER **H. S. HATCH** ADDRESS **BRK.**

Filed **JAN 19 1923**, 19 Registrar of city or town where deceased resided

care fully supplied. ADL should be stated EXACTLY. Informing should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back so that it may be properly classified. of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely sym.omatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lability" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purpura *septicaemia*," "Purpura *peritonitis*," etc.

State cause for which surgical operation was undertaken.
(Recommendation on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wm. J. Ellis
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *158*
City or Town *Wrentham* No. *25* *Peckskerry* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Annie May Ellis*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *25 Peckskerry* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *18* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5a If married, widowed, or divorced *widow of* HUSBAND of (or) WIFE of *Frank. J. Ellis*

6 AGE Years *72* Months *8* Days *14* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at home*
(b) Name of employer

8 BIRTHPLACE (City) *St. John*
(State or country) *N. B.*

9 NAME OF FATHER *unable to obtain*

10 BIRTHPLACE OF FATHER (City) _____
(State or country) _____

11 MAIDEN NAME OF MOTHER _____

12 BIRTHPLACE OF MOTHER (City) _____
(State or country) _____

13 Informant *Chas. T. Ellis (son)*
(Address) *81 Court Rd Wrentham*

14 Filed *Nov 23 1922*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *Albert J. Smith*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Nov 18 1922*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Nov. 12*, 19*22*, to *Nov 18*, 19*22*, that I last saw *her* alive on *Nov 18*, 19*22*, and that death occurred, on the date stated above, at *1:30* p. m. The CAUSE OF DEATH was as follows:

John pneumonia

(duration) _____ yrs. _____ mos. *2* ds.

CONTRIBUTORY *Embroideries*
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Charles D. Johnson*, M.D.

(Address) *363 Wrentham St*

Date *Nov 20 1922*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wrentham*
(Cemetery) _____ (City or town) *Nov - 20 1922*

19 UNDERTAKER *C. K. Beaman* ADDRESS *Wrentham*

Official position *Secretary* Date of issue of permit *11/20/22* Permit No. *497*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (vehicle, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Yumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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 intoxication related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town) Suffolk State Mass Registered No. 159
County Wendham City or Town Wendham No. 94 Freemont Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah E. Rich (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 94 Freemont St., Ward. (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced Chas. E. Rich
HUSBAND (or) WIFE of

6 AGE Years 65 Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work at Home
(b) Name of employer

8 BIRTHPLACE (City) Mass (State or country) Mass

9 NAME OF FATHER Jonathan Collier

10 BIRTHPLACE OF FATHER (City) Mass (State or country) Mass

11 MAIDEN NAME OF MOTHER Mary Ann Paine

12 BIRTHPLACE OF MOTHER (City) Mass (State or country) Mass

13 Informant CR Bennison (Address) Wendham Mass

14 Filed Dec. 7 1922 REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transp permit was issued. Clark Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 24 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1922, to Dec. 2, 1922, that I last saw her alive on Nov 2, 1922, and that death occurred, on the date stated above, at 2:45 m. The CAUSE OF DEATH was as follows:

Stroke (Cerebral)
Female
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Wound heart disease
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? autopsy
(Signed) W. H. ..., M.D.

(Address) 125 ...
Date Nov 24 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Wendham DATE OF BURIAL Nov 24/1922
(Cemetery) (City or town)

19 UNDERTAKER ... ADDRESS Wendham

Official position Secretary Date of issue of permit 11/27/22 Permit No. 498

2-301 should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housework*, or *At home*, and children, not gainfully employed, as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia's" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXPLANATIONS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 53, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 53, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester

(City or town)

1 PLACE OF DEATH

County Worcester State MassRegistered No. _____
(Place of death)City or Town Worcester No. Worcester State Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No. 160
(Place of residence)2 FULL NAME Axel Sholander

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town Winthrop No. _____ St. _____
(Usual place of abode)Length of residence in city or town where death occurred 1 years 2 months 15 days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6 DATE OF BIRTH (month, day, and year) ---7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
43 7 14

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) Name of employer _____

9 BIRTHPLACE (city or town) Sweden
(State or country)10 NAME OF FATHER Axel11 BIRTHPLACE OF FATHER (city or town) Sweden
(State or country)12 MAIDEN NAME OF MOTHER Augusta Hagman13 BIRTHPLACE OF MOTHER (city or town) Sweden 11
(State or country)14 Informant Worcester State Hospital
(Address) Records15 Filed Nov 28, 1922 _____
Registrar of city or town where death occurredFiled _____, 19 _____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 19 2217 I HEREBY CERTIFY, That I attended deceased from
Sept 9, 19 21, to Nov 24, 19 22,that I last saw him alive on Nov 24, 19 22,and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

General paralysis of the insane(duration) 4 yrs. _____ mos. _____ ds.CONTRIBUTORY _____
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death? _____Did an operation precede death? no Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Wassermann(Signed) Manly B Root _____, M.D.11/24, 1922 (Address) Worcester

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt Hope Boston

DATE OF BURIAL

Nov 26 19 22

20 UNDERTAKER

Charles O Nordling

ADDRESS

Boston

R-302
 while buried. Every item of information should be
 carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms,
 so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back
 of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer," is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

302
 carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea

(City or town)

1 PLACE OF DEATH

County Suffolk State Mass.

Registered No. 655 (Place of death)
 Registered No. 163 (Place of residence)

City or Town Chelsea No. Memorial Hosp. St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eugene Russell Lewis

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 42 Moore St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie P. Lewis

6 AGE Years Months Days If LESS than 1 day, hrs. or min. 68 -- --

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Decorator (b) Name of employer Filenes Dept. Store, Boston

8 BIRTHPLACE (city or town) Stratford, Conn. (State or country)

9 NAME OF FATHER Almon
 10 BIRTHPLACE OF FATHER (city or town) Barnstable, Mass. (State or country)
 11 MAIDEN NAME OF MOTHER Mary Trask
 12 BIRTHPLACE OF MOTHER (city or town) Georgetown, Me. (State or country)

13 Informant Jennie P. Lewis (Address) 42 Moore St. Winthrop, Mass.

14 Filed Nov. 27, 1922 Registrar of city or town where death occurred
 Filed 19 3 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 25 1922 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept. 1922, to Nov. 25, 1922, that I last saw him alive on Nov. 25, 1922, and that death occurred, on the date stated above, at 7 p. m. The CAUSE OF DEATH was as follows:

Carcinoma of rectum

(duration) yrs. 6 mos. ds.
 CONTRIBUTORY Obstruction of bowels (SECONDARY) (duration) yrs. 1 ds.

17 Where was disease contracted if not at place of death?
 Did an operation precede death? yes Date of Oct. 14/22
 Was there an autopsy? no
 What test confirmed diagnosis?
 (Signed) Percy Rowe, M.D.
 19 (Address) 218 Main St. Nov. 25/22

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop, Winthrop DATE OF BURIAL Nov. 28/22

19 UNDERTAKER C.R. Bennet Winthrop

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *2d ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . . The shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County

State *Mass.*Registered No. *161*

City or Town

No.

Suffolk
Spittuhok No. *75 Highland Ave* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years *3*

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Male**White**Married*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of*John*

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

70

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*At Home*

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Drewett
*Me*9 NAME OF
FATHER

(State or country)

Winslow
*Me*10 BIRTHPLACE OF
FATHER (City)

(State or country)

Drewett
*Me*11 MAIDEN NAME
OF MOTHER*Meline Winslow*12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Drewett
Me

13 Informant

(Address)

Clarence Buckner
Washington DC

14

Filed

(Month) (Day) (Year)

Dec 7 1922

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued*Albert S. Smith*
97-5

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

*Nov 27**1922*

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Nov 12, 19*22* to*Nov 27*, 19*22*

that I last saw her alive on

Nov 25, 19*22*

and that death occurred, on the date stated above, at

79 m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease(duration) *2*

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)*Chronic Brights Disease*(duration) *7*

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

George W. Nuttall M.D.

(Address)

118 Princeton St

Date

Nov 28, 19*22*

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Andrew's Methodist
(Cemetery) (City or town)

DATE OF BURIAL

Nov 28/22

19 UNDERTAKER

ADDRESS

John F. O'Malley
*St. Andrew's*Official
position*Secretary*Date of
issue
of permit*11/28/22*

Permit

No. *489*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer" "Foreman" "Manager" "Dealer" etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatsoever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"; *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Melias*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Melias* (disease causing death), *39 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County State Registered No. 162
City or Town Wentham No. 214 Somerset Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Agnes Templeton
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 214 Somerset Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5a If married, widowed, or divorced
HUSBAND of William
(or) WIFE of6 DATE OF BIRTH Sept. 15 1845
(Month) (Day) (Year)7 AGE 77 Years Months Days If LESS than 1 day, hrs. or min.
2 13

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) Name of employer9 BIRTHPLACE (City)
(State or country)Scotland10 NAME OF FATHER John Gibson11 BIRTHPLACE OF FATHER (City)
(State or country) Scotland12 MAIDEN NAME OF MOTHER Catherine Routledge13 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland14 Infant Mrs. M. Jones
(Address) 214 Somerset Ave.15 Filed Jan - 1922
(Month) (Day) (Year) REGISTRAR21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Robert S. Smith

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 28 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1919, to Nov 28, 1922, that I last saw her alive on Nov 28, 1922, and that death occurred, on the date stated above, at 7 A m. The CAUSE OF DEATH was as follows:
Cerebral hemorrhageCONTRIBUTORY (duration) yrs. 8 mos. ds.(SECONDARY) Actino - Scleris
(duration) 4 yrs. mos. ds.18 Where was disease contracted if not at place of death? at homeDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Personal Obviation(Signed) R B Parker, M.D.(Address) Wentham MassDate Nov 28 1922
(Month) (Day) (Year)19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Dec. 1, 1922
(Cemetery) (City or town)20 UNDERTAKER Frank C. Brown ADDRESS C. BostonOfficial position Secretary Date of issue of permit 12/1/22 Permit No. 675

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archivist, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesitis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesitis* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

302
 CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

City or Town

Boston

No.

CITY HOSP

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

10306

(Place of death)

Registered No.

177

(Place of residence)

2 FULL NAME

MARJORIE RILEY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence State

MASS.

City or Town

WINTHROP

No.

9 CENTRE

St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MAR

16 DATE OF DEATH (month, day, and year)

DEC. 1 1922

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

THOMAS J.

17 I HEREBY CERTIFY, That I attended deceased from

NOV. 30, 1922, to DEC. 1, 1922,

that I last saw h. ER alive on DEC. 1, 1922,

and that death occurred, on the date stated above, at 8.32 P.M.

The CAUSE OF DEATH* was as follows:

6 DATE OF BIRTH (month, day, and year)

7 AGE

35

Years

Months

Days

If LESS than 1 day, hrs. or min.

SCARLET FEVER

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

HOUSEWIFE

(b) Name of employer

(duration) yrs. mos. ds.

9 BIRTHPLACE (city or town)

BOSTON

(State or country)

CONTRIBUTORY LOBAR PNEUMONIA-SEPTIC-

(SECONDARY) AEMIA

(duration) yrs. mos. 2 ds.

10 NAME OF FATHER

THOMAS MANNING

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

S.H. WEINER

(Signed) _____, M.D.

, 1922 (Address) DEC. 1

14

Informant

HUSBAND

(Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

MALDEN (HOLY CROSS)

DATE OF BURIAL

DEC. 3 1922

15

Filed DEC. 5, 1922

E. W. M. Glenen Registrar of city or town where death occurred

Filed _____, 19 _____

Registrar of city or town where deceased resided

20 UNDERTAKER

J. F. O'MALEY

ADDRESS

WINTHROP

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia" (merely sym. *komatose*), "Atrophy," "Collapse," "Coma," "Convulsions," "Lability" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
 (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:
 (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town) _____
 County - Suffolk State Mass Registered No. 164
 City or Town Wintthrop No. 152 Lincoln St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice M. McKenna
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 152 Lincoln St., _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days.
 How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of William

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 58

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) Name of employer _____

8 BIRTHPLACE (City) Chelsea
 (State or country) Mass

9 NAME OF FATHER Jeremiah Mullen

10 BIRTHPLACE OF FATHER (City) Ireland
 (State or country) _____

11 MAIDEN NAME OF MOTHER Mary Cassidy

12 BIRTHPLACE OF MOTHER (City) Ireland
 (State or country) _____

13 Informant Phillip M. McKenna
 (Address) 152 Lincoln St

14 Filed Dec 7 1922
 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 5 1922
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1922, to Dec 5, 1922, that I last saw him alive on Dec 5, 1922, and that death occurred, on the date stated above, at 12 A. m.
 The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) _____ yrs. 2 mos. _____ ds.
 CONTRIBUTORY none none
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. F. Mullen M.D.
 (Address) 366 Wintthrop St
 Date Dec 5 1922
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden DATE OF BURIAL Dec 7/22
 (Cemetery) (City or town)

19 UNDERTAKER John F. O'Maley ADDRESS Wintthrop

Official position Secretary Date of issue of permit 12/6/22 Permit No. 601

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary steamman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonitis, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis; Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**

(2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is made.**

(3) **Medical examiners will investigate and certify to all deaths supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 165City or Town Wintthrop No. 18 Sea Foam Ave. St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Helen Izem

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 18 Sea Foam Ave. Ward Wintthrop
(Usual place of abode) (If non-resident give city or town and State)Length of residence in city or town where death occurred _____ years 2 months _____ days. How long in U. S., if of foreign birth? 16 years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)
Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJoseph

6 AGE

60

Years

Months

Days

If LESS than

1 day, _____ hrs.

or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousework

(b) Name of employer

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF
FATHERRubin Izem10 BIRTHPLACE OF
FATHER (City)Russia

(State or country)

11 MAIDEN NAME
OF MOTHERDora cannot be learned12 BIRTHPLACE OF
MOTHER (City)Russia

(State or country)

13

Informant

Bessie Izem

(Address)

18 Sea Foam Ave.

14

Filed

Dec 29 1922

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Albert J. Smith

Official position

Secretary

Date of issue of permit

12/13/22

Permit

No. 502

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH December 12 1922
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
October 25, 1922, to Dec. 12, 1922that I last saw her alive on Dec. 12, 1922and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH was as follows:

Bronchopneumonia(duration) _____ yrs. _____ mos. 4 ds.CONTRIBUTORY Pernicious Anaemia

(SECONDARY)

(duration) Several yrs. _____ mos. _____ ds.17 Where was disease contracted
if not at place of death? _____Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Blood examination

(Signed)

Ernest H. Bisbee, M.D.

(Address)

777 Tremont St.

Date

December 13 1922

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Woburn DATE OF BURIALGolden Crown Cem.
(Cemetery) (City or town)Dec. 13 1922

19 UNDERTAKER

Mamek Stanetsky

ADDRESS

Boston

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Laconicite engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carotidoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meselas*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meselas* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Sole" (etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inflition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

X3 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

15

(Day)

1922

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 1, 1922, to April 15, 1922,

that I last saw him alive on April 15, 1922,

and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH was as follows:

Tubercular meningitis

(duration)

yrs.

mos.

5 ds.

CONTRIBUTORY
(SECONDARY)

Chronic duodenitis

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Mary's
(Cemetery)Roxbury
(City or town)

Dec 18 1922

19 UNDERTAKER

ADDRESS

R. T. DeMille

Reserve

Official
positionDate of
issue
of permit

12 17 22

Permit

No. 533

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (void use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

167

City or Town

Winthrop

No.

137 River

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Dora Sacks

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

137 River Rd

St.

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

2 years

months

days.

How long in U. S., if of foreign birth?

22 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female white

widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Abraham

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE 55 Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Knitwork

(b) Name of employer

9 BIRTHPLACE (City)

Russia

(State or country)

10 NAME OF
FATHER

Michael Sacks

11 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

12 MAIDEN NAME
OF MOTHERLeanne
Hinda cannot be13 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

14

Informant
(Address)Mrs. A. Goldberg
137 River Rd.

15

Filed

Dec. 29, 1922

(Month) (Day) (Year)

REGISTRAR

Albert J. Smith
5/2

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec. 20,

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb

, 1922, to

December

, 1922,

that I last saw him alive on

Dec. 17,

, 1922,

and that death occurred, on the date stated above, at

10:30 P. m.

The CAUSE OF DEATH was as follows:

arterio-sclerosis

CONTRIBUTORY

(SECONDARY)

Hypertension

(duration)

4?

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood pressure, ureters

(Signed) A. A. Astren

M.D.

(Address)

32 Wave Way Ave.

Date

Dec. 23,

1922

Winthrop

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Keneseth Israel Cem.

DATE OF BURIAL

Dec. 21, 1922

20 UNDERTAKER

ADDRESS

Mamek Slautsky Boston

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

Date of issue of permit

Permit

No. 504

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Vol. 20, 1922.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or even up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatsoever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia's" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Immition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebeitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 82.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 168
City or Town Wentworth No. 77 Bowdoin St St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Jacob Lindley
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 77 Bowdoin St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 years 6 months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, hrs. or mo.
74 74 11 10

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Claim Agent
(b) Name of employer Eastern Steamship Co

8 BIRTHPLACE (City) Watertown
(State or country) Mass

9 NAME OF FATHER Warren J. Lindley

10 BIRTHPLACE OF FATHER (City) Providence
(State or country) R.I.

11 MAIDEN NAME OF MOTHER Lidian G. White

12 BIRTHPLACE OF MOTHER (City) Bator
(State or country) Mass

13 Informant Mary G. Bailey
(Address) Schrewsbury, Ma

14 Filed Dec 29 1922
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transport permit was issued. Walter S. Smith
Official position _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 21 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 12 1922, to Dec 21 1922, that I last saw him alive on Dec 21 1922, and that death occurred, on the date stated above, at 2:30 A m. The CAUSE OF DEATH was as follows:

Acute Myocarditis

CONTRIBUTORY Chronic Interstitial Nephritis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis? Personal Observation
(Signed) Raymond B Parker, M.D.

(Address) Wentworth, Mass
Date Dec 22 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Watertown Cemetery
(Cemetery) (City or town) DATE OF BURIAL 12/23-1922
Cambridge

19 UNDERTAKER C R Bennett ADDRESS Wentworth, Mass

Official position Secretary Date of issue of permit 12/22/22 Permit No. 525

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Artistical, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Collon mill*, (c) *Salesman*, (d) *Grocery*, (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbhenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Expansion," "Heart failure," "Hemorrhage," "Ins-ultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, neurosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, whose same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; oth-erwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-302
 CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

N. Reading
 (City or town)

Registered No. *86*
 (Place of death)

Registered No. *169*
 (Place of residence)

1 PLACE OF DEATH

County *Middlesex* State *Moss*

City or Town *N. Reading* No. *N. Reading State Sanatorium* St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Ellen Taylor*

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State *Moss* City or Town *Winthrop* No. *110 Bowdoin* St. _____
 (Usual place of abode)

Length of residence in city or town where death occurred _____ years *3* months *3* days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *F* 4 COLOR OR RACE *W.* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Thomas G.*

6 DATE OF BIRTH (month, day, and year) *Jan 17 1888*

7 AGE Years *34* Months *11* Days *9* If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Housewife* (b) Name of employer

9 BIRTHPLACE (city or town) *Chelsea* (State or country) *Moss*

PARENTS 10 NAME OF FATHER *George Newell* 11 BIRTHPLACE OF FATHER (city or town) *Natick* (State or country) *Moss* 12 MAIDEN NAME OF MOTHER *Ellen Gardner* 13 BIRTHPLACE OF MOTHER (city or town) *Pineis Edward Island* (State or country)

14 Informant *Hospitals Records* (Address) *N. Wilmington Moss*

15 Filed *Dec 29, 1922* *H. L. Abbott* Registrar of city or town where death occurred Filed _____ 19 *3* Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Dec. 26 1922*

17 I HEREBY CERTIFY, That I attended deceased from *Sept. 23*, 1922, to *Dec. 26*, 1922, that I last saw her alive on *Dec. 26*, 1922, and that death occurred, on the date stated above, at *6.40 P* m.

The CAUSE OF DEATH* was as follows:
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)
Tuberculosis of Lungs

Protocol (duration) *2* yrs. *7* mos. *3* ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? *Not known*
 Did an operation precede death? *No* Date of _____
 Was there an autopsy? *None here*
 What test confirmed diagnosis? *Phys. Expt. tumor Exam.*
 (Signed) *Joseph W. Redden* M.D.
26, 1922 (Address) *N. Wilmington Moss*

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Winthrop Winthrop* DATE OF BURIAL *Dec 28 1922*

20 UNDERTAKER *E. R. Bennison* ADDRESS *Winthrop Moss*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchio pneumonia* ("Pneumonia"); *Unqualified*, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchio pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," ("Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Dremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—*accident*; *Riveter wound of head*—*homicide*; *Poisoned by carbolic acid*—*probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Attleboro

(City or town)

Registered No. 265
(Place of death)

Registered No. 170
(Place of residence)

1 PLACE OF DEATH

County Bristol State Mass

City or Town Attleboro No. 218 County St. 2 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Delia S. Swint

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town Winthrop No. 81 Otis St.
(Usual place of abode)

Length of residence in city or town where death occurred years 9 months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--------------------------|---|
| 3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Swint | | |
| 6 DATE OF BIRTH (month, day, and year) May 19 1848 | | |
| 7 AGE 74 Years | 7 Months | 9 Days If LESS than 1 day,.....hrs. or.....min. |

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

9 BIRTHPLACE (city or town) Melrose
(State or country) Mass

PARENTS

10 NAME OF FATHER Henry Richardson
11 BIRTHPLACE OF FATHER (city or town) Hartford
(State or country) Conn
12 MAIDEN NAME OF MOTHER Catherine Simmonds
13 BIRTHPLACE OF MOTHER (city or town) Bristol
(State or country) N.H.

14 Informant Mrs. C. M. Robbins
(Address) Attleboro

15 Filed Dec. 30 19 22 Frank V. Babcock
Registrar of city or town where death occurred
Filed Jan 3 19 23
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 19 22

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1922, to Dec. 28, 1922, that I last saw her alive on Dec. 28, 1922, and that death occurred, on the date stated above, at 10:30 P. M. The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration)..... yrs..... mos. 3 ds.

CONTRIBUTORY Arterio Sclerosis
(SECONDARY)

(duration)..... yrs..... mos. 3 ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. E. Rounseville, M.D.
12/30/22 (Address) Attleboro

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn Attleboro

DATE OF BURIAL
Dec. 31 19 22

20 UNDERTAKER

C. F. Stone

ADDRESS
Attleboro

302
while the informant is present. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not generally employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely sym. *tomatic*), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebidity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45*.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6*.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7*.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

171

City or Town

Boston

No.

26 Beacon St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Samuel Gilman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

26 Beacon

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

1 years

6 months

days.

How long in U. S., if of foreign birth?

40 years

— months

— days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Sammy Gilman

6 AGE

Years

Months

Days

If LESS than

60

—

—

1 day,.....hrs.

or.....mo.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Cigar maker

(b) Name of employer

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF
FATHER

David Gilman

10 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

11 MAIDEN NAME
OF MOTHER

Ethel Sweet

12 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

PARENTS

13

Informant

Harry Gilman

(Address)

11 Beacon Street, Boston

14

Filed

Jan 2, 1923, Albert

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec.

28

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec. 26, 1922, to Dec 28, 1922,

that I last saw him alive on Dec 27, 1922,

and that death occurred, on the date stated above, at 8.0 m.

The CAUSE OF DEATH was as follows:

Angina Pectoris.

Shelf.

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

Grippe

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? no. Date ofWas there an autopsy? no.What test confirmed diagnosis? Clinical

(Signed)

William J. Porter

, M.D.

(Address)

Winthrop, Mass.

Date

Dec.

28

1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Roxbury Mutual Society

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

Dec 29/22

19 UNDERTAKER

Magen Salomon & Son

ADDRESS

580 Blue Hill Ave

Official
position

Secretary

Date of
issue
of permit

12/28/22

Permit
No.

506

WHILE IN LAINEL, WITH ONE ADDED BLACK INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Levee-dike engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse, etc.," "Coma," "Convulsions," "Idebility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Commission on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of all such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

11215
(City or town)

1 PLACE OF DEATH
 County SUFFOLK State MASS.
 City or Town BOSTON No. E.B. RELIEF STA. St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GRACE C. SHOREY
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence, State MASS. City or Town WINTHROP No. 12 COTTAGE AVE. -St.
 (Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of RALPH W.

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
 46 4 20

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work AT HOME (b) Name of employer

8 BIRTHPLACE (city or town) WORCESTER (State or country)

9 NAME OF FATHER THOMAS L. BRAMORE

10 BIRTHPLACE OF FATHER (city or town) (State or country)

11 MAIDEN NAME OF MOTHER GRACE L. FERCHARD

12 BIRTHPLACE OF MOTHER (city or town) PAXTON (State or country) CONN.

13 Informant HUSBAND (Address)

14 Filed Edward W. M. Stone Registrar of city or town where death occurred DEC. 30 1918
 Filed Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH DEC. 28 1922
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h..... alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:

BURNS OF FACE, BODY & EXTREMITIES CAUSED BY APPLICATION BY HERSELF, OF KEROSENE TO A FIRE OF SOFT COAL IN A HEATING FURNACE

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
 (Signed) GEORGE BURGESS MAGRATH MED. EX. DEC. 28 19 (Address)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL WINTHROP (WINTHROP CEM) DATE OF BURIAL DEC. 30 19

19 UNDERTAKER C. R. BENNISON ADDRESS WIN.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer", "Foreman", "Manager", "Dealer", etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *92 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbemia", "Anemia" (merely symptomatic), "Atrophy", "Collapse", "Coma", "Convulsions", "Debility" ("Congestial", "Senile", etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemorrhage", "Inanition", "Marasmus", "Old age", "Shock", "Uremia", "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia", "Puerperal peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

Winthrop
~~BOSTON~~
(City or town)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 172
City or Town Boston Winthrop 14 Charles Street St. 14 Ward 14
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Napoleon Ethier
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 14 Charles Street St. 14 Ward 14
(Usual place of abode)
Length of residence in city or town where death occurred 3 years 0 months 0 days. How long in U. S., if of foreign birth? 50 years 0 months 0 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S.
6 AGE Years 62 Months 3 Days 1 If LESS than 1 day, hrs. or min.
If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Barber
(b) Name of employer

8 BIRTHPLACE (City) Montreal
(State or country) Quebec

PARENTS
9 NAME OF FATHER Can not be learned
10 BIRTHPLACE OF FATHER (City) unk
(State or country) Canada
11 MAIDEN NAME OF MOTHER Can not be learned
12 BIRTHPLACE OF MOTHER (City) unk
(State or country) Canada

13 Informant Mrs Julia B Hatch
(Address) 14 Malcolm St Boston

14 Filed 2 1923
(Month) (Day) (Year)
REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 30 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1921, to Dec 30, 1922, that I last saw him alive on Dec 29, 1922 and that death occurred, on the date stated above, at 9 P. m. The CAUSE OF DEATH was as follows:

Influenza Pneumonia
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) P. D. Mackinney, M.D.
(Address) 356 Marlborough St
Date Dec 20 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Waterside Cem Marblehead Mass
(Cemetery) (City or town) DATE OF BURIAL Jan 1. ?

19 UNDERTAKER J. S. Waterman Boston. ADDRESS Boston.

Official position Secretary Date of issue of permit 12/31/22 Permit No. 508

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architec, Locomotive engineer, Civil Engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (d) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoncum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds., Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, negrois, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 95)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 173
City or Town Winthrop No. 36 Forest St Ward St. Winthrop
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Daniel Gilgoff
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36 Forest St, Winthrop St. St. Ward. St.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years 4 months _____ days _____
How long in U. S., if of foreign birth? 32 years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED married
(Write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6 AGE 52 Years Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work grocer
(b) Name of employer _____

8 BIRTHPLACE (City) Russia
(State or country)

9 NAME OF FATHER Joseph M. Gilgoff

10 BIRTHPLACE OF FATHER (City) Russia
(State or country) learned

11 MAIDEN NAME OF MOTHER Wife cannot be

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant Ida Gilgoff
(Address) 36 Forest St.

14 Filed Jan 2 1923
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by Albert J. Smith

Official position Secretary

21 Date of issue 12/31/22

Permit No. 557

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec-30-1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

asphyxiation due to illuminating gas. Suicidal

Found dead in his own bed in a gas filled room

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? at his home
(Signed) Thos. S. Buckley, M.D.

(Address) 466 Elm Ave

Medical Examiner for Suffolk
Date Dec-30-1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Beth Joseph Cem DATE OF BURIAL Dec 31 1922
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER Manuel Stanetsky ADDRESS Boston

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADEING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
 FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
 GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 33, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 33, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Ms. 30. 1923





OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *1*
City or Town *Winthrop* No. *132 Pauline St.* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *George Harding Foster*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *132 Pauline St.* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 AGE Years *1* Months *4* Days *11* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) *55 West 83d St*
(State or country) *N. Y.*

9 NAME OF FATHER *George James Foster*

10 BIRTHPLACE OF FATHER (City) *Rockport*
(State or country) *Mass.*

11 MAIDEN NAME OF MOTHER *Mable Foster*

12 BIRTHPLACE OF MOTHER (City) *Ware*
(State or country) *Mass.*

13 Informant *George James Foster*
(Address) *132 Pauline St Winthrop*

14 Filed *Jan 16 1923*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *West S. Smith*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Jan 2 1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Dec 29 1922*, to *Jan 2 1923*, that I last saw him alive on *Jan 2 1923*, and that death occurred, on the date stated above, at *5.30 A. M.* The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(duration) _____ yrs. _____ mos. *3* ds.

CONTRIBUTORY *Entirely*
(SECONDARY) (duration) _____ yrs. _____ mos. *8* ds.

17 Where was disease contracted *yes* ~~not~~ at place of death? *no*

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *Postural Aberration*
(Signed) *Raymond B. Parker*, M.D.

(Address) *145 Winthrop St Winthrop*

Date *Jan 2 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Winthrop*
(Cemetery) (City or town) DATE OF BURIAL *Jan 4 1923*

19 UNDERTAKER *E. R. Pennington*
ADDRESS *Winthrop*

Official position *Secretary* Date of issue of permit *1/7 23* Permit No. *51*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. (If retired from business, that fact may be indicated thus: *Farmer retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chills, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or Town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 2
City or Town Winthrop ~~Boston~~ No. 45 Chester Ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Horton N. Chamberlain
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 45 Chester Ave St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a If married, widowed, or divorced
HUSBAND of Rheta M. Chamberlain
(or) WIFE of6 DATE OF BIRTH June 20 1872
(Month) (Day) (Year)7 AGE Years Months Days If LESS than 1 day, _____ bis, or _____ min.
50 6 13

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesmanager
(b) Name of employer9 BIRTHPLACE (City) Jamaica Plain
(State or country) Mass10 NAME OF FATHER N. B. Chamberlain11 BIRTHPLACE OF FATHER (City) Madison
(State or country) Maine12 MAIDEN NAME OF MOTHER Lida J. Chamberlain13 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass14 Informant E. Lue Chamberlain
(Address) 45 Chester Ave15 Filed Jan. 10, 1923
(Month) (Day) (Year) REGISTRAR _____

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 2 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1922, to Jan 2, 1923
that I last saw him alive on Jan 1, 1923
and that death occurred, on the date stated above, at 1:30 A. M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis
Chronic Myocarditis(duration) 3 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted Yes
~~if not at place of death?~~ FOR WHAT?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Postural Observation
(Signed) Raymond B. Parker, M.D.(Address) Winthrop MassDate Jan 2 1923
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hills
(Cemetery) (City or town)

DATE OF BURIAL

Jan 4, 1923

20 UNDERTAKER

E. C. Burke

ADDRESS

Jamaica PlainOfficial position SecretaryDate of issue of permit 1/3/23Permit No. 579

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningeal whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meningeal* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "P^{RE}-PERAL septicemia," "P^{RE}PERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, by what last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medfield
(city or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County

Norfolk
Medfield

State

Mass.

Registered No.

13

City or Town

No.

State Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Arthur M. Murphy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Wentworth Mass

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

15 days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

About 42

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farm hand

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Brooklyn New York

9 NAME OF FATHER

Michael Murphy

10 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

Rachel Marian

12 BIRTHPLACE OF MOTHER (City)

(State or country)

England

13 Informant

(Address)

Hospital Records Medfield Mass

14 Filed

(Month) (Day) (Year)

Jan 3 1923
William T. Everett

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan 3 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Organic Heart Disease
(Aortic regurgitation, specific aortitis, and aneurysm of the first part of descending aorta)

Sudden death

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

John H. Wyman, M.D.

(Signed)

3 Danford St Medfield

Medical Examiner for

7th Norfolk District

Date

Jan 3 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

One Lake Medfield
(Cemetery) (City or town)

DATE OF BURIAL

1/15/23
(Month) (Day) (Year)

19 UNDERTAKER

Joseph A. Roberts Medfield

ADDRESS

20 Burial permit issued by

Official position

21 Date of issue

Permit No.

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

.....
.....
.....
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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan. 3, 1923

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 4
City or Town Boston Winthrop 7 Sturgis st St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Giuseppe Spano
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 7 Sturgis st St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) Winthrop Mass
(State or country)

9 NAME OF FATHER Giovanni

10 BIRTHPLACE OF FATHER (City) Italy
(State or country)

11 MAIDEN NAME OF MOTHER Concetta Conti

12 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

13 Informant Father
(Address) 7 Sturgis st

14 Filed Jan 10 1923
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 3 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1922, to Jan 3, 1923, that I last saw him alive on Jan 3, 1923, and that death occurred, on the date stated above, at 10 P. m. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(duration) _____ yrs. _____ mos. 9 ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted Yes if not at place of death? FOR WHAT?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Purinal Observation
(Signed) P. B. Parker, M.D.

(Address) Winthrop near
Date Jan 4, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Cem
(Cemetery) (City or town) DATE OF BURIAL Jan 5 1923

19 UNDERTAKER Jos. W. Langone
ADDRESS 355 Hanover st

Official position Secretary Date of issue of permit 1/6/23 Permit No. 512

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (c) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be filled in when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (d) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *At home* and receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home* and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis*, *pericerebrum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningis* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, ganrene, gastritis, erysipelas, meningitis, miscarriage, neuritis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45*.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6*.

— He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7*.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town) 5

1 PLACE OF DEATH
County *Suffolk* State *Mass.* Registered No. *5*
City or Town *Winthrop* No. *178 Circuit Rd* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Douglas Kent Remley*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *178 Current Road* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days *22* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) *Winthrop* (State or country) *Mass.*

9 NAME OF FATHER *William E. Remley*

10 BIRTHPLACE OF FATHER (City) *Winthrop* (State or country) *Mass.*

11 MAIDEN NAME OF MOTHER *Mildred Kent*

12 BIRTHPLACE OF MOTHER (City) *Boston* (State or country) *Mass.*

13 Informant *William E. Remley* (Address) *178 Current Road*

14 Filed *Jan 11 1923* (Month) (Day) (Year) *Winthrop* REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *Albert J. Smith*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Jan 4 1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Dec 13 1922*, to *Jan 4 1923*, that I last saw him alive on *Jan 3 1923*, and that death occurred, on the date stated above, at *4 4* m. The CAUSE OF DEATH was as follows:

Infection Enteria

(duration) _____ yrs. _____ mos. *7* ds.
CONTRIBUTORY *Simple meningitis* (SECONDARY) (duration) _____ yrs. _____ mos. *2* ds.

17 Where was disease contracted *if not at place of death?* *yes*

Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis? *Postmortem Observation* (Signed) *P. B. Parker*, M.D.

(Address) *Winthrop Mass.* Date *Jan 4 1923* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Winthrop* (Cemetery) (City or town) DATE OF BURIAL *Jan 4. 1923*

19 UNDERTAKER *E R Bennison* ADDRESS *Winthrop*

Official position *Secretary* Date of issue of permit *1/4/23* Permit No. *511*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer retired, 6 yrs.* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Mesles; If whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrenas, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH

County _____ State Mass Registered No. 6
City or Town Wintthrop Hqhis No. 3 Atkinson Circle St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Louisa E. Sawtelle

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 3 Atkinson Circle St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------------|--|
| 3 SEX <u>Female</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ermer P. Sawtelle</u> | | |
| 6 AGE Years <u>56</u> | Months <u>7</u> | Days <u>28</u> |
| If LESS than 1 day, hrs. or min. | | |
| If STILLBORN, enter that fact here | | |

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work XXX Housewife
(b) Name of employer at home

8 BIRTHPLACE (City) Ottawa
(State or country) Canada

9 NAME OF FATHER John Robert

10 BIRTHPLACE OF FATHER (City) Canada
(State or country)

11 MAIDEN NAME OF MOTHER Louise E. Sawtelle

12 BIRTHPLACE OF MOTHER (City) Canada
(State or country)

13 Informant Lillian E. Vose (daughter)
(Address)

14 Filed Jan 16 1923
(Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Mert J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 6 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 13 1922 to Jan 6 1923 that I last saw her alive on Jan 6 1923 and that death occurred, on the date stated above, at 7 P. m. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach
& liver
(duration) _____ yrs. 9 mos. _____ ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? X-ray
(Signed) E. J. Bourne, M.D.

(Address) East Boston
Date Jan 7 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hills Boston
(Cemetery) (City or town) DATE OF BURIAL Jan 9 '23

19 UNDERTAKER W. E. Long & Son Inc. ADDRESS Cambridge

Official position Secretary Date of issue of permit 1/8/23 Permit No. 513

R-301
WHITE PLAIN, WITH OBLITERATING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits is known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife, Housework, or At home*, and children not gainfully employed, as *At school or At home*. Care should be taken to report specially the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Example: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashtania," "Amebiasis" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Delirium" ("Compendial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall hurry a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make or the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 89, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 7
City or Town Winthrop No. 4 Revere St., Revere Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Theresa B Burke
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 4 Revere St., Revere Ward. Revere
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of Michael
(or) WIFE of

6 AGE Years Months Days If LESS than
72 1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City)

(State or country) Ireland

9 NAME OF FATHER

John Kennedy

10 BIRTHPLACE OF FATHER (City)

(State or country) Ireland

11 MAIDEN NAME OF MOTHER

Ellen Mahaney

12 BIRTHPLACE OF MOTHER (City)

(State or country) Ireland

13

Informant Mrs. Downey
(Address) Revere St.

14

Filed Jan 10 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert J. Smith
42

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 9 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 8 1923 to Jan 9 1923, that I last saw him alive on Jan 9 1923 and that death occurred, on the date stated above, at 1 P m. The CAUSE OF DEATH was as follows:

Broncho pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY Impure milk
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. J. Doolan M.D.

(Address) 350 Winthrop St

Date Jan 9 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's Boston DATE OF BURIAL Jan 10 1923
(Cemetery) (City or town)

19 UNDERTAKER John T. O'Malley ADDRESS Winthrop

Official Secretary Date of issue 1/9/23 Permit No. 514
position

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery firm*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scrubber*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *ag. ds.*; *Bronchopneumonia* (secondary). 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicæmia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

BOSTON

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

City or Town **Boston** No. **HOUSE OF GOOD SALARITAN** St. **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **349**
(Place of death)

Registered No. **8**
(Place of residence)

2 FULL NAME **MARY C. MC GLINN**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **48 BOWDOIN** St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WID.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **JAMES J.**

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
64

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **AT HOME**
(b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**
(State or country)

9 NAME OF FATHER **JOHN J. GIBBONS**

10 BIRTHPLACE OF FATHER (city or town) **IRELAND**
(State or country)

11 MAIDEN NAME OF MOTHER **-----**

12 BIRTHPLACE OF MOTHER (city or town) **-----**
(State or country)

13 Informant **MRS. J. VELSH**
(Address)

14 Filed **JAN. 13, 1933** **E. M. Glenn** Registrar of city or town where death occurred
Filed **JAN 10 1933**, 1933 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JAN. 9**, 19**33**
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **JAN. 2**, 19**33**, to **JAN. 9**, 19**33**, that I last saw **HER** alive on **JAN. 9**, 19**33**, and that death occurred, on the date stated above, at **11.05 p.m.** The CAUSE OF DEATH was as follows:

CHR. BRONCHITIS

(duration) **2** yrs. mos. ds.

CONTRIBUTORY **CARDIAC FAILURE**
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **L. S. MC KETRICK**, M.D.
, 19 (Address) **JAN. 10**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

CALVARY

JAN. 12 1933

19 UNDERTAKER

ADDRESS

J. F. O'MALEY

WINTHROP

302
N. B. WHITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his life, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefore furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the places where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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 occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Ironman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report officially the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wetheroff
(City or town) 9

1 PLACE OF DEATH

County

Suffolk
Wetheroff

State

Mass

Registered No.

City or Town

No.

6 Centine St St., Ward

2 FULL NAME

Harry T. Webb

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

6 Centine St

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

[Signature]

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

46

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

laborer

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Wetheroff to Oklahoma

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant (Address)

Annie Jordan
6 Centine St

14

Filed

Jan 27 1923
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

January 9 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Saw him but once, 19... to 19...

that I last saw him alive on *Jan 8*, 1923,

and that death occurred, on the date stated above, at *2:30A* m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

I do not know

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *Horace J. Soule* M.D.

(Address) *180 W. Wetheroff St Wetheroff*

Date *January 10 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wetheroff Cemetery
(Cemetery) (City or town)

DATE OF BURIAL

1/11-1923

19 UNDERTAKER

C-R Bunker

ADDRESS

Wetheroff

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Albert J. Smith

Official position

secretary

Date of issue of permit

1/11/23

Permit No.

5

WHITE PLAIN, WITH ORIGINAL BLACK INK TO BE A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Carlempainter, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.*

The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent. . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 41.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or Town)

1 PLACE OF DEATH

County *Suffolk* State *Mass.* Registered No. *10*City or Town *Wentworth* No. *34*, *Madison Ave.* St. *Ward*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mabel E. LeLoy
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. *34 Madison Ave.* St. *Ward.*
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH *June 30 - 1898*
(Month) (Day) (Year)7 AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.
34 *6* *11*

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *At Home*
(b) Name of employer9 BIRTHPLACE (City) *Quincy* (State or country) *Mass.*10 NAME OF FATHER *Peter G. LeLoy*11 BIRTHPLACE OF FATHER (City) *Frederic* (State or country) *New Scotland*12 MAIDEN NAME OF MOTHER *Theresa LeCoste*13 BIRTHPLACE OF MOTHER (City) *Quincy* (State or country) *Wood Colia*14 Informant *Joseph L. LeLoy* (Address) *34 Madison Ave. Wentworth*15 Filed *Jan. 27, 1923* REGISTRAR
(Month) (Day) (Year)21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *Walter J. Smith*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan 11, 1923*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Nov 22, 1922, to Jan 11, 1923*that I last saw him alive on *Jan 10, 1923*,and that death occurred, on the date stated above, at *5 a. m.*

The CAUSE OF DEATH was as follows:

Tuberculosis of the lungs.(duration) *3* yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted *Y.*
~~if not~~ at place of death?Did an operation precede death? *No* Date of *✓*Was there an autopsy? *No* *Physical and*What test confirmed diagnosis? *Laboratory examination*(Signed) *Raymond B. Parker*, M.D.(Address) *Wentworth Mass*Date *Jan 11, 1923*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Joseph *Boston*
(Cemetery) (City or town) *Jan. 13 - 1923*

20 UNDERTAKER ADDRESS

William I. Balger *291 - Paway St. - Boston*Official position *Secretary* Date of issue *1/12/23* Permit No. *516*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farm* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (retired, 0 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purpura *septicaemia*," "Purpura *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(It recommends on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

12,868
Winthrop
(City or town)

*Concord
notified*

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Mass Registered No. 11
City or Town Winthrop No. 10, Hutchinson St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Emily Beatrice Schaeffer

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Orchard Hill St., Ward. (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of William

6 AGE Years 58 Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Hosp attendant (b) Name of employer

8 BIRTHPLACE (City) Boston (State or country) Mass

9 NAME OF FATHER Andrew Coffey

10 BIRTHPLACE OF FATHER (City) Ireland (State or country)

11 MAIDEN NAME OF MOTHER Catherine Fitzpatrick

12 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

13 Informant John H. O'Malley (Address) Winthrop Mass

14 Filed Jan 27 1923 (Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by Robert S. Smith

Official position Secretary

21 Date of issue 11/7/23

Permit No. 518

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 14 1923 (Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes:
Cardio-vascular disease,
probably Coronary Sclerosis
(Sudden death)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? (Signed) Leroy Eugene Dwyer M.D. (Address)

Medical Examiner for Suffolk Date Jan 16 1923 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Wynwood Brookline DATE OF BURIAL Jan 17 1923 (Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER John P. Moley ADDRESS Winthrop

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVED FOR BINDING

20 Burial permit issued by Robert S. Smith Official position Secretary 21 Date of issue 11/7/23 Permit No. 518

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan. 14, 1923.

The Commonwealth of Massachusetts

BOSTON

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Massachusetts
 City or Town Boston No. MASS. GENL. HOSP. St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 444
 (Place of death)
 Registered No. 12
 (Place of residence)

2 FULL NAME

JOHN T. OSTMAN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 101 BOWDOIN St.

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MAR.

15 DATE OF DEATH JAN. 14 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from DEC. 22, 1922, to JAN. 14, 1923.

that I last saw him alive on JAN. 14, 1923, and that death occurred, on the date stated above, at 12 m. The CAUSE OF DEATH was as follows:

MELANOTIC SARCOMA RT. THIGH

5a If married, widowed, or divorced HUSBAND of (or) WIFE of MARGARET

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
69

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work ENGINEER (b) Name of employer

8 BIRTHPLACE (city or town) BOSTON (State or country)

9 NAME OF FATHER PETER

10 BIRTHPLACE OF FATHER (city or town) (State or country) SWEDEN

11 MAIDEN NAME OF MOTHER -----

12 BIRTHPLACE OF MOTHER (city or town) (State or country) -----

13 Informant WIFE (Address)

14 Filed JAN. 16, 19 23 E. M. Glenn Registrar of city or town where death occurred
 Filed _____, 19 23 _____ Registrar of city or town where deceased resided

(duration) yrs. 5 mos. ds.

CONTRIBUTORY BRONCHIO-PNEUMONIA (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of DEC. 26, 1922

Was there an autopsy?

What test confirmed diagnosis? (Signed) G. A. MAC IVER, M.D. , 19 (Address) JAN. 14

18 PLACE OF BURIAL, CREMATION, OR REMOVAL MALDEN (HOLY CROSS) DATE OF BURIAL JAN. 16 1923

19 UNDERTAKER J. F. O'MALEY ADDRESS W. N.

02
 carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespectively of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be employed as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *39 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefore furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintbury
(City or town)

1 PLACE OF DEATH

County

State Mass.

Registered No. 13

City or Town Wintbury

No. 11 Neptune Ave.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert A. Tholen

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 11 Neptune Ave.
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — years 8 months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

15 DATE OF DEATH Jun 14 1923
Month Day Year

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from Jun 8 1923 to Jun 14 1923, that I last saw him alive on Jun 14 1923, and that death occurred, on the date stated above, at 4 P m. The CAUSE OF DEATH was as follows:
Lobar pneumonia

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
72 7 22

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work None (b) Name of employer

CONTRIBUTORY (SECONDARY) Pleuritis adhaesiva (duration) yrs. mos. 2 ds. Illness (duration) yrs. mos. ds.

8 BIRTHPLACE (City) Jamaica Plain (State or country) Mass.

17 Where was disease contracted if not at place of death?

9 NAME OF FATHER William Tholen

Did an operation precede death? Date of

10 BIRTHPLACE OF FATHER (City) England (State or country)

Was there an autopsy? No

11 MAIDEN NAME OF MOTHER Helen Patterson

What test confirmed diagnosis? (Signed) E. C. Mulhoney M.D. (Address) 306 West Street

12 BIRTHPLACE OF MOTHER (City) Scotland (State or country)

Date Jun 18 1923 (Month) Day Year

13 Informant Mrs. Helen M. Wood (Address) 27 Ocean St. Jamaica Plain

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Hope, Boston (Cemetery) DATE OF BURIAL Jun 17, 23 (City or town)

14 Filed Jun 27 1923 (Month) Day Year REGISTRAR

19 UNDERTAKER E. C. Burke ADDRESS Jamaica Plain

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith

Official position Secretary Date of issue of permit Jun 27 1923 Permit No. 579

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Leocomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner* (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonæum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Erbility," "Congestive," "Scalle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Pre-pernal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on a statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required, by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or Town) _____
 County Widdowes State Mass. Registered No. 14
 City or Town Wintthrop No. 71 Sagamore Ave St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J Cabral
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 71 Sagamore St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH Nov. 26, 1922
 (Month) (Day) (Year)

7 AGE Years _____ Months 1 Days 19 if LESS than 1 day, _____ h.s. or _____ min.

If STILLBORN, enter that fact here _____

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) Name of employer _____

9 BIRTHPLACE (City) Wintthrop
 (State or country) _____

10 NAME OF FATHER Joseph Cabral

11 BIRTHPLACE OF FATHER (City) Boston Mass.
 (State or country) _____

12 MAIDEN NAME OF MOTHER Mary Oliver

13 BIRTHPLACE OF MOTHER (City) Cypress
 (State or country) _____

14 Informant Joseph Cabral
 (Address) 71 Sagamore Ave Wintthrop

15 Filed Jan. 27, 1923
 (Month) (Day) (Year) REGISTRAR _____

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 14, 1923
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1923 to Jan. 14, 1923
 that I last saw him alive on Jan. 13, 1923
 and that death occurred, on the date stated above, at 9 a. m.
 The CAUSE OF DEATH was as follows:

Gastro-Enteritis

(duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Henry J. Cabeceras M.D.

(Address) Cambridge

Date Jan. 14, 1923
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holycross Waldeley
 (Cemetery) (City or town) DATE OF BURIAL Jan. 16, 1923

20 UNDERTAKER Joseph A. Couto
 ADDRESS 257 West St. Cabul

Date of issue of permit 1/16/23 Permit No. 517
 Official position Secretary

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dendler," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphentia* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Athemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

302
 carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
 City or Town **Boston**

(City or town)
 Registered No. **672**
 (Place of death)
 Registered No. **40**
 (Place of residence)
 No. **EAST BOSTON RELIEF HOSPT** St. **Ward**
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **MARY FRANCES BROWN**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **322 REVERE** St. **St.**
 (Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **FEMALE** 4 COLOR OR RACE **WHITE** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **JOHN P BROWN**

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
25

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **AT HOME**
 (b) Name of employer

8 BIRTHPLACE (city or town) **CHARLESTOWN**
 (State or country) **MASS.**

9 NAME OF FATHER **JOHN F DAVIS**

10 BIRTHPLACE OF FATHER (city or town) **CHARLESTOWN**
 (State or country) **MASS.**

11 MAIDEN NAME OF MOTHER **MARY DRISCOLL**

12 BIRTHPLACE OF MOTHER (city or town) **IRELAND**
 (State or country)

13 Informant **MR. JOHN F DAVIS**
 (Address) **322 SHIRLEY ST**

14 Filed **JAN 22, 19 23** **EMM GLENN**
 Registrar of city or town where death occurred
 Filed **JAN 24, 19 23**
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JANUARY 17**, 19**23**
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **JANUARY 17**, 19**23**, to **JANUARY 17**, 19**23**, that I last saw h**ER** alive on **JANUARY 17**, 19**23**, and that death occurred, on the date stated above, at **5:15 P. m.** The CAUSE OF DEATH was as follows:

PREGNANCY

(duration) yrs. **9** mos. ds.
 CONTRIBUTORY RUPT. **UTERUS** **2 HOURS**
 (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
 Did an operation precede death? **YES**. Date of **JAN 17-23**
 Was there an autopsy? **NO**
 What test confirmed diagnosis? **CLINICAL EXAM.**
 (Signed) **GEORGE H HOOPER**, M.D.
 (Address) **E BOSTON RELIEF HOSPT.**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **HOLY CROSS MALDEN** DATE OF BURIAL **JAN 20 19 23**

19 UNDERTAKER **JOHN F O MALEY** ADDRESS **WINTHROP**

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.*

The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *§§ ds., Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriages, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . The shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *15*
City or Town *Wintthrop* No. *160 Hermon* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Amos. Lavelle Barnes*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *160 Hermon* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6 AGE Years *58* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Retired*
(b) Name of employer _____
8 BIRTHPLACE (City) *Southampton Mass* (State or country) *Mass*

9 NAME OF FATHER *Farrington B. Barnes*
10 BIRTHPLACE OF FATHER (City) _____ (State or country) *Mass & other*
11 MAIDEN NAME OF MOTHER *Delia Pomeroy*
12 BIRTHPLACE OF MOTHER (City) _____ (State or country) *Mass to other*

13 Informant *Frank C. Barnes* (Address) *Plymouth Court 104*

14 Filed *Jan 27 1923* (Month) (Day) (Year) *00* REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *Arthur S. Smith* S. D.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *January 31 1923*
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from *Jan 18*, 19*23*, to *Jan 20*, 19*23*, that I last saw him alive on *January 20*, 19*23*, and that death occurred, on the date stated above, at *7:45 a. m.* The CAUSE OF DEATH was as follows: *Influenza*

CONTRIBUTORY (SECONDARY) *Arterio sclerosis*
(duration) _____ yrs. _____ mos. _____ ds.
(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? *NO* Date of _____
Was there an autopsy? *NO*
What test confirmed diagnosis? _____
(Signed) *Horace J. Soule* M. D.
(Address) *180 W. Wintthrop St. Wintthrop*
Date *Jan 23 1923* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wintthrop Cemetery* (Cemetery) *Wintthrop* (City or town) DATE OF BURIAL *1/24/23*

19 UNDERTAKER *C R Benson* ADDRESS *Wintthrop Mass*

Official position *Secretary* Date of issue of permit *1/24/23* Permit No. *520*

N.B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, *e. g.*, *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*; (d) *Grocery*; (e) *Foreman*; (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scrub, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonis*, etc.; *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Pyrom" for malignant neoplasms); *Malaria*; *If whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wenohet
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

16

City or Town

Wenohet

No.

Wenohet Community Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lillian Florence Woods

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

32 Marshall

St.

Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

13

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

*white*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Single*

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*[Signature]*

6 AGE

Years

13

Months

3

Days

22

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*School Girl*

(b) Name of employer

8 BIRTHPLACE (City)

Wenohet

(State or country)

*Mass*9 NAME OF
FATHER*Leon F. Woods*10 BIRTHPLACE OF
FATHER (City)*East Boston*

(State or country)

*Mass*11 MAIDEN NAME
OF MOTHER*Mary G. Simpson*12 BIRTHPLACE OF
MOTHER (City)*East Boston*

(State or country)

Mass

13

Informant

Leon F. Woods

(Address)

32 Marshall St. Wenohet

14

Filed

Jan 27 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued*Albert J. Smith*
H.P.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan
(Month)*22*
(Day)*1923*
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 10, 19*23*, to *Jan 22*, 19*23*,that I last saw her alive on *Jan 22*, 19*23*,and that death occurred, on the date stated above, at *9:30 P.* m.

The CAUSE OF DEATH was as follows:

Acute Nephritis
Acute Myocarditis(duration) yrs. mos. *15* ds.CONTRIBUTORY
(SECONDARY)*Acute Encephalitis*(duration) yrs. mos. *7* ds.17 Where was disease contracted
if not at place of death?*32 Marshall St.*Did an operation precede death? *no.* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *Laboratory + Personal Autopsy*

(Signed)

R. B. Parker

M.D.

(Address)

Wenohet Mass

Date

Jan
(Month)*23*
(Day)*1923*
(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wenohet Cemetery
(Cemetery) *Wenohet* (City or town)

DATE OF BURIAL

1/25 1923

19 UNDERTAKER

G.R. Bennett

ADDRESS

Wenohet

Date of

Official
position*secretary*

Date of

issue of permit

Permit

No. *521**1/24/23*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "tumor," for malignant neoplasms; *Menses*; *Whooping cough*, *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *§§ ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purperal septicemia," "Uterine peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town) 17

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *17*
City or Town *Waltham* No. *Winthrop Community Hosp* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Elizabeth. Pope Shofford*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *28 Crest Ave* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *2* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Frank M. Shofford*
6 AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
60 *2* *24*

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Home wife*
(b) Name of employer _____

8 BIRTHPLACE (City). *Fair Haven*
(State or country) *Mass*

9 NAME OF FATHER *John D. Trish*

10 BIRTHPLACE OF FATHER (City). *Fair Haven*
(State or country) *Mass*

11 MAIDEN NAME OF MOTHER *Harriet Church*

12 BIRTHPLACE OF MOTHER (City). *Fair Haven*
(State or country) *Mass*

13 Informant *Wm. B. ...*
(Address) *Waltham*

14 Filed *Jan. 27 1923*
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Jan 24 1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Jan 13 1923* to *Jan 24 1923*, that I last saw her alive on *Jan 24 1923*, and that death occurred, on the date stated above, at *11:30 A. m.*
The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) _____ yrs. _____ mos. *9* ds.
CONTRIBUTORY *Acute Myocarditis*
(SECONDARY) (duration) _____ yrs. _____ mos. *4* ds.

17 Where was disease contracted *at home*
if not at place of death? _____
Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *Smear Abnormal*
(Signed) *R. B. ... M.D.*
(Address) *Waltham Mass*
Date *Jan 25 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Waltham Cemetery*
(Cemetery) (City or town) DATE OF BURIAL *1/27-1923*

19 UNDERTAKER *W. R. ...* ADDRESS *Waltham*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Waltham Official position *Secretary* Date of issue of permit *1/20/23* Permit No. *522*

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archibute, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not finally employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia ("Pneumonia, unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Scabic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. "UPPER PERAL septicemia," "PERINEAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gaspitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)
Registered No. 18

1 PLACE OF DEATH

County Suffolk State Mass.
City or Town Wintthrop No. 108 Bartlett Rd. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary A Lynch
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 108 Bartlett Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--------------------------|---|
| 3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E. | | |
| 6 AGE Years 68 | Months | Days |
| If LESS than 1 day, hrs. or min. | | |
| If STILLBORN, enter that fact here | | |

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
at home
(b) Name of employer

8 BIRTHPLACE (City).
(State or country)
Waterford, Ireland

9 NAME OF FATHER
William Bowen

10 BIRTHPLACE OF FATHER (City).
(State or country)
Ireland

11 MAIDEN NAME OF MOTHER
Egnes Collins

12 BIRTHPLACE OF MOTHER (City).
(State or country)
Ireland

13 Informant John E. Lynch Jr.
(Address) 108 Bartlett Rd.

14 Filed Jan 27 1923
(Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.
Albert J. [Signature]

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 25 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1923, to Jan 25, 1923, that I last saw him alive on Jan 25, 1923, and that death occurred, on the date stated above, at 12:15 P.M.
The CAUSE OF DEATH was as follows:

Cerebral hemorrhage
4 hrs
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?
(Signed) Hurey Astley, M.D.
(Address) 200 Pleasant St.
Date Jan 25 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
(Cemetery) Holy Cross
(City or town) Wadley
DATE OF BURIAL
Jan 27 1923

19 UNDERTAKER
John J. O'Malley
ADDRESS
Wintthrop

Official position Secretary
Date of issue of permit Jan 23 1923
Permit No. 524

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer, (b) Cotton mill, (c) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory secondary or inter-current affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Squilla," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumony"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gas-tritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or the agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until those shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *19*
City or Town *Winthrop* No. *36 Villa ave* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Henry Mortimer*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *36 Villa ave* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *10* years months days. How long in U. S., if of foreign birth? *52* years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widower*

15 DATE OF DEATH *July 25 1923*
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *the late*

16 I HEREBY CERTIFY, That I attended deceased from *October 14 1922*, to *July 25 1923*, that I last saw him alive on *July 24 1923*, and that death occurred, on the date stated above, at *6 a m*. The CAUSE OF DEATH was as follows:

6 AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
78 *X* *8*

Seriously ill
chronic valvular heart disease
marked general arteriosclerosis
(duration) _____ yrs. _____ mos. _____ ds.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *retired*
(b) Name of employer *Gun Smith*

CONTRIBUTORY (SECONDARY) *none*
(duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (City) *Edenborough*
(State or country) *Eng*

17 Where was disease contracted if not at place of death? *N*

9 NAME OF FATHER *James Mortimer*

Did an operation precede death? *no* Date of _____

10 BIRTHPLACE OF FATHER (City) *England*
(State or country)

Was there an autopsy? *no*

11 MAIDEN NAME OF MOTHER *Ellen S. ...*

What test confirmed diagnosis? *clinical*
(Signed) *Everett E Johnson*, M.D.

12 BIRTHPLACE OF MOTHER (City) *England*
(State or country)

(Address) *123 ... St*
Date *Jan 23 1923*
(Month) (Day) (Year)

13 Informant *R Benjamin*
(Address) *147 Wash St Winthrop*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Winthrop - Semetery*
(Cemetery) *Mass* (City or town) DATE OF BURIAL *1/27-1923*

14 Filed *Jan 27 1923*
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER *B R Benjamin* ADDRESS *Winthrop*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *Albert S. Smith* Official position *Secretary* Date of issue of permit *1/29 23* Permit No. *523*

N.B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Summer*, (b) *Collon mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic services for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatology), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestive," "Senile," etc.; "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. When a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 49.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 20
City or Town Winthrop No. 470 Winthrop St. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward O'Connor
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 470 Winthrop St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

| 6 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|-------|----------|-----------|-----------|--|
| | <u>1</u> | <u>11</u> | <u>20</u> | |

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) _____
(State or country) _____

9 NAME OF FATHER Francis O'Connor

10 BIRTHPLACE OF FATHER (City) Somerville
(State or country) Mass

11 MAIDEN NAME OF MOTHER Julia Sheerin

12 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass

13 Informant Francis O'Connor
(Address) 470 Winthrop St.

14 Filed Feb - 3 1923
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 29 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 28 1923, to Jan 29 1923, that I last saw him alive on Jan 28 1923, and that death occurred, on the date stated above, at 7 P m. The CAUSE OF DEATH was as follows:

Influenza

(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY Toxaemia
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no. Date of _____

Was there an autopsy? no.

What test confirmed diagnosis? Clinical
(Signed) William J. Purter, M.D.

(Address) Winthrop

Date Jan 30 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL Jan 31/23

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop

Official Albert S. Smith position _____ Date of issue Jan 30 1923 Permit No. 5725
Per G. B. R.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indelnic); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Strema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, sticking to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts 12911

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Massachusetts Registered No. 21
City or Town Winthrop - Thornton Station, B.R.B. Co. RR. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Hervey W. Kuchmeister
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 6 Lewis Avenue St. Westrop Ward. Westrop
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of S. Kuchmeister (or WIFE of Florence)

6 AGE 44 Years Months Days If LESS than 1 day, hrs. or min. 45 3 15

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inspector U.S. S. Wood
(b) Name of employer Custom House Army Base

8 BIRTHPLACE (City) Attendorf (State or country) Germany

9 NAME OF FATHER Herrich Wilhelm Kuchmeister

10 BIRTHPLACE OF FATHER (City) Attendorf (State or country) Germany

11 MAIDEN NAME OF MOTHER Rebecca Kulka

12 BIRTHPLACE OF MOTHER (City) Germany (State or country) Attendorf

13 Informant Wife, Florence S. Kuchmeister (Address) 6 Lewis Ave Winthrop

14 Filed 7-17-1923 REGISTRAR

20 Burial permit issued by Chas. J. Smith Official position Secretary

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH February 1 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Endoarteritis, chronic, with aneurysmal dilatation and with stenosis of the origins of the coronary arteries. (Sudden death.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? (Signed) Lery Burgess Ingalls M.D. (Address) Suffolk County

Medical Examiner for Suffolk County
Date February 1 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Winthrop Mass DATE OF BURIAL 3-4-23
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER C.R. Bannison ADDRESS Winthrop Mass

21 Date of issue 2/2/23 Permit No. 26

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Feb. 1, 1923

Winthrop
BOSTON
(City or town)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 22
City or Town Winthrop Boston No. 26 Enfield Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Katherine Burke
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 26 Enfield Road St., Ward .
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tobias E. Burke

6 AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.
74 - - - - -

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Home
(b) Name of employer

8 BIRTHPLACE (City) Portsmouth (State or country) N. H.

9 NAME OF FATHER Thomas Long

10 BIRTHPLACE OF FATHER (City) Dreland (State or country)

11 MAIDEN NAME OF MOTHER Margaret Halloran

12 BIRTHPLACE OF MOTHER (City) Dreland (State or country)

13 Informant Thomas J. Burke (Address) 8 Lefford St Brooklyn N.Y.

14 Filed Feb 17 1923 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Lucy J. Smith 9/2

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 5 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1923, to Feb 5, 1923, that I last saw him alive on Feb 5, 1923, and that death occurred, on the date stated above, at 6 1/2 m. The CAUSE OF DEATH was as follows:

Tubercular Pneumonia
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) hypertension
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? Date of no

Was there an autopsy? no
What test confirmed diagnosis?

(Signed) C. J. Mulvaney M.D.
(Address) 356 Union St
Date Feb 5 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Walden (Cemetery) (City or town) DATE OF BURIAL Feb 7, 1923

19 UNDERTAKER M. J. Kelly ADDRESS 11 Meridian St

Official position Secretary Date of issue of permit 2/6/23 Permit No. 227

Every item of information should state CAUSE OF DEATH EXACTLY. PHYSICIANS should state CAUSE OF DEATH EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Irritability," "Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumony"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when first seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise as description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given pedicab care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH **Winthrop**
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County **Suffolk** State **Massachusetts** Registered No. **23**
City or Town ~~Boston~~ **Winthrop** **133 Washington Ave.** St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Orson M. Arnold.**
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. **133 Washington Ave.** Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **male** 4 COLOR OR RACE **white** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married.**
5a If married, widowed, or divorced HUSBAND of (or) WIFE of **Eunice D. Arnold.**
6 AGE Years **78** Months **1** Days **25** If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Pres. N.E. Fish Co.**
(b) Name of employer

8 BIRTHPLACE (City) **Duxbury Mass**
(State or country)

9 NAME OF FATHER **Abel Arnold.**
10 BIRTHPLACE OF FATHER (City) **Duxbury Mass**
(State or country)
11 MAIDEN NAME OF MOTHER **Mary Weston**
12 BIRTHPLACE OF MOTHER (City) **Duxbury Mass**
(State or country)

13 Informant **A. B. Delano**
(Address) **133 Wash Ave.**

14 Filed **Feb 17 1923**
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *Albert S. Smith*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **Feb 5 1923**
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:
Patient was dead when I first saw him and to all appearances and knowledge obtainable - apparently died from natural causes. (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? FOR WHAT? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? (Signed) *Edward J. Frauzel* M.D. (Address) *7 Brainerd St. Winthrop* Date *Feb. 6 1923.* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **Winthrop** DATE OF BURIAL **Feb 8-23**
(Cemetery) (City or town)

19 UNDERTAKER *J. Waterman* ADDRESS **Boston.**

Official position *Secretary* Date of issue of permit **2 7 23** Permit No. **528**

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Leominde engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomata), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 56, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 56, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

24

City or Town

Waltham

No.

3 Pleasant Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frank Everett Tewkesbury

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

3 Pleasant Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

66

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Sarah L Tewkesbury

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.
or.....mo.

66

11

2

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Rail road Conductor

(b) Name of employer

B. B. B. & L. R. R.

8 BIRTHPLACE (City)

Waltham

(State or country)

Mass

9 NAME OF FATHER

Phillip Tewkesbury

10 BIRTHPLACE OF FATHER (City)

Waltham

(State or country)

Mass

11 MAIDEN NAME OF MOTHER

Harriett Richardson

12 BIRTHPLACE OF MOTHER (City)

Moultonborough

(State or country)

N.H.

13

Informant

Myron W. Tewkesbury

(Address)

19 Lenox Ave.

14

Filed

Jul 17 1923

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July

6

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 3, 19*23*, to *July 6*, 19*23*.

that I last saw him alive on *July 6*, 19*23*,

and that death occurred, on the date stated above, at *5:55 P.M.*

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. *3* ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *Clinical*

(Signed)

Walter E. Johnson, M.D.

(Address)

123 Chestnut St. - Boston

Date

July

7

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Waltham Cemetery
(Cemetery) *Waltham* (City or town)

DATE OF BURIAL

7/8-1923

19 UNDERTAKER

C. R. Brown

ADDRESS

Waltham Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Albert S. Smith

Official position

Secretary

Date of issue of permit

2/5/23

Permit

No. *529*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Leconative engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningis, peritonemum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatoic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information, which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts
 City or Town Boston No. MASS. HOME O. HOSPT. St. Ward

Registered No. 1457
 (Place of death)
 Registered No. 39
 (Place of residence)

2 FULL NAME DAISY WHICHER

(a) Residence. State MASS City or Town WINTHROP No. 25 TEWKSBURY St. St.
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5a If married, widowed, or divorced HUSBAND of (or) WIFE of WILLIAM O.

6 AGE Years 48 Months Days If LESS than 1 day.....hrs. or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work HOUSEWORK
 (b) Name of employer

8 BIRTHPLACE (city or town) BOSTON
 (State or country)

9 NAME OF FATHER FRANK J. ELLIS

10 BIRTHPLACE OF FATHER (city or town) CONCORD
 (State or country) N. H.

11 MAIDEN NAME OF MOTHER ANNIE MAY

12 BIRTHPLACE OF MOTHER (city or town) ENGLAND
 (State or country)

13 Informant C. T. ELLIS

(Address)

14 Filed FEB. 8, 1923 E. W. M. Clement
 Registrar of city or town where death occurred

Filed Mar. 24, 1923 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH FEB. 6, 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from JAN. 19, 1923, to FEB. 6, 1923,

that I last saw h. ER alive on FEB. 6, 1923,
 and that death occurred, on the date stated above, at 12.50A m.

The CAUSE OF DEATH was as follows:

ACUTE LARYNGEAL STENOSIS (PROB. IN-FLUENZAL)

(duration) yrs. mos. 23 ds.
 CONTRIBUTORY MYOCARDITIS ACUTE
 (SECONDARY) (duration) yrs. mos. 1 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. E. CRUEFF, M.D.
 , 19 (Address) FEB. 6

18 PLACE OF BURIAL, CREMATION, OR REMOVAL WINTHROP (WINTHROP CEM) DATE OF BURIAL FEB. 8, 1923

19 UNDERTAKER C. R. BENNISON ADDRESS WINTHROP

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Coal-miner, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer, (b) Cotton mill*; (a) *Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children not gainfully employed, as *At school or At home*. Care should be taken to report spouses, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH the primary affection with respect to time and causation); using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the old definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meninges, peritonæum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphænia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsion," "Debility," ("Congestive," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hæmorrhage," "Imbition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician or other necessary informant which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 53, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 53, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *25*
City or Town *Winthrop* No. *36 Beal* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Elizabeth Thomas*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *36 Beal* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Frank G.*
6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. *90*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *At home*
(b) Name of employer _____

8 BIRTHPLACE (City) *Quebec*
(State or country) *Canada*

9 NAME OF FATHER *Cannot be learned*

10 BIRTHPLACE OF FATHER (City) *England*
(State or country) _____

11 MAIDEN NAME OF MOTHER *Cannot be learned*

12 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country) _____

13 Informant *Frank G. Thomas*
(Address) *36 Beal St.*

14 Filed *Feb 17 1923*
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *J. J. Moore*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Feb 10 1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *8*, 19*23*, to *10*, 19*23*, that I last saw him alive on *Feb 10*, 19*23*, and that death occurred, on the date stated above, at *1 P* m.
The CAUSE OF DEATH was as follows:

Cerebral thrombosis of the surgical nature with focal lesion
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY *female*
(SECONDARY) (duration) _____ yrs. _____ mos. *21* ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis?
(Signed) *C. J. Maloney* M.D.
(Address) *350 Cornhill St.*
Date *Feb 11 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Joseph's Boston*
(Cemetery) (City or town) DATE OF BURIAL *Feb 12, 1923*

19 UNDERTAKER *John F. O'Malley*
ADDRESS *Winthrop*

Official position *Health Officer* Date of issue of permit *2/12/23* No. *530*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement, *Newer return*, "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scullery*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 d.*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misadventure, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or Town)

1 PLACE OF DEATH
County Suffolk State Massachusetts
City or Town Winthrop ~~Boston~~ No. 214 Court Road Winthrop Registered No. 2207 26
St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael John Haley
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 214 Court Road Winthrop St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 7 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6 DATE OF BIRTH May 29, 1857
(Month) (Day) (Year)
7 AGE Years _____ Months 8 Days 14
If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Photographer.
(b) Name of employer Personal

9 BIRTHPLACE (City) Killarney
(State or country) Ireland

10 NAME OF FATHER Michael John Haley.

11 BIRTHPLACE OF FATHER (City) Killarney
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget Denehy.

13 BIRTHPLACE OF MOTHER (City) Killarney
(State or country) Ireland.

14 Informant Mrs W. J. Moriarty
(Address) 214 Court Road Winthrop

15 Filed 7/17/23
(Month) (Day) (Year)
REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 26. 12. 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 26. 12. 1923, 1923, to 26. 12. 1923, 1923, that I last saw him alive on 26. 12. 1923, and that death occurred, on the date stated above, at 7. 7 m. The CAUSE OF DEATH was as follows:

acute old-fashioned heart

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) myocarditis
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____ FOR WHAT?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) E. J. Mahoney M.D.
(Address) 350 West St
Date 26. 13. 1923
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Cemetery Malden. DATE OF BURIAL 2-15-23
(Cemetery) (City or town)

20 UNDERTAKER Murphy & Lunnery ADDRESS 331 Bunker Hill St
Charlestown.

Official position Secretary Date of issue of permit 2/4/23 Permit No. 53

WHILE IN PRINT, WITH CHANGING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Typhemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *92 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphania," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 1, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 27
City or Town Winthrop No. 100 Terrace Ave St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret A. Thompson
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 100 Terrace Ave St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a If married, widowed, or divorced HUSBAND of (or) WIFE of John
6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 70
If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer _____

8 BIRTHPLACE (City) New York
(State or country) N. Y.

9 NAME OF FATHER James Keeley
10 BIRTHPLACE OF FATHER (City) _____
(State or country) Ireland
11 MAIDEN NAME OF MOTHER Matilda Mercer
12 BIRTHPLACE OF MOTHER (City) Syracuse
(State or country) NY

13 Informant John Thompson
(Address) 100 Terrace Ave

14 Filed Feb 17 1923
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 13 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1923, to Feb 13, 1923, that I last saw her alive on Feb 13, 1923, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:
Influenza
(duration) _____ yrs. _____ mos. 6 ds.
CONTRIBUTORY Oedema of lungs
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) Edward J. Franzen M.D.
(Address) 7 Groin St.
Date Feb 14 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL 2/15/23
19 UNDERTAKER John F. C. Maley
ADDRESS Winthrop

Official position Secretary Date of issue of permit 2/15/23 Permit No. 5-33

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

106-13, 1923
[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a simple word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *At home* and a definite salary), may be entered as *Housewife*, *Housework*, or *At home* and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less correct; avoid use of "Tumor," for malignant neoplasms); *Meningeal*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meninges* (disease causing death), 23 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asbestia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any of her necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Sharon
(City or town)

1 PLACE OF DEATH
 County Norfolk State Mass
 City or Town Sharon No. Cottage & Ames St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Roy Edgerton Ayer
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. State Mass City or Town Walthrop No. 176 Woodside Ave St. _____
 Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

Registered No. 7
 (Place of death)
 Registered No. 28
 (Place of residence)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 AGE Years 17 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Went to School
 (b) Name of employer _____

8 BIRTHPLACE (city or town) East Boston
 (State or country) Mass

9 NAME OF FATHER Albert L Ayer
 10 BIRTHPLACE OF FATHER (city or town) Boston
 (State or country) Mass
 11 MAIDEN NAME OF MOTHER Louise M. Fopians
 12 BIRTHPLACE OF MOTHER (city or town) Boston
 (State or country) Mass

13 Informant Albert L Ayer Father
 (Address) 176 Woodside Ave Walthrop

14 Filed Feb 17, 1923 W W Capen
 Registrar of city or town where death occurred
 Filed Feb 26, 1923
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 14 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1923 to Feb 14, 1923
 that I last saw him alive on Feb 14, 1923
 and that death occurred, on the date stated above, at 12:30 A m.
 The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. x mos. _____ ds.

CONTRIBUTORY (SECONDARY) None

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted Walthrop
 if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Stethoscopic
 (Signed) Walter A. Griffin, M.D.
415, 1923 (Address) Sharon Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Everett
 DATE OF BURIAL Feb 17 1923

19 UNDERTAKER C R Bennison
 ADDRESS Walthrop

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architec, Locomotive engineer, Civil Engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Toreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "tumor," for malignant neoplasma); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *ag. ds.; Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Karamus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

PRACTICES
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 29
City or Town Winthrop No. 27 St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lewis Tacca
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 27 Renere St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6 AGE Years 60 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work live water
(b) Name of employer _____

8 BIRTHPLACE (City) _____ (State or country) Italy

9 NAME OF FATHER Constantine

10 BIRTHPLACE OF FATHER (City) _____ (State or country) Italy

11 MAIDEN NAME OF MOTHER cannot be learned

12 BIRTHPLACE OF MOTHER (City) _____ (State or country) Italy

13 Informant Constantine Tacca (Address) 27 Renere St.

14 Filed Feb 17 1923 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 14 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 7 1923 to Feb 14 1923, that I last saw him alive on Feb 13 1923, and that death occurred, on the date stated above, at 7 A m. The CAUSE OF DEATH was as follows:

Cerebral haemorrhage

CONTRIBUTORY arterio-sclerosis (duration) _____ yrs. _____ mos. _____ ds. (SECONDARY) chronic nephritis (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) E. M. M. M. M.D.

(Address) 306 Winthrop

Date Feb 17 1923 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden (Cemetery) (City or town) DATE OF BURIAL Feb 10, 1923

19 UNDERTAKER John F. Mailey ADDRESS Winthrop

Official position Secretary Date of issue of permit Feb 15 1923 No. 532

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Nestles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Nephritis* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report more symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forth with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to this town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
 County Suffolk, State MASSACHUSETTS. Registered No. 30
 Township Winterton, or Village _____ or _____
 City _____ No. 100 Union Road, Fort Devens, Mass. St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Harnor
 (a) Residence. No. _____ St., _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) --

5a If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Feb. 13, 1925.

7 AGE Years Months Days IF LESS than 1 day, --- hrs. or --- min.
-- -- -- 1

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Winterton,
 (State or country) Mass.

10 NAME OF FATHER Neal A. Harnor

11 BIRTHPLACE OF FATHER (city or town) Kansas City,
 (State or country) Missouri

12 MAIDEN NAME OF MOTHER Anita Wilson

13 BIRTHPLACE OF MOTHER (city or town) New York
 (State or country) N.Y.

14 Informant Major Neal A. Harnor,
 (Address) Winterton, Mass.

15 Filed Feb. 17, 1925

11-3184

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 19 25

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1925, to Feb. 14, 1925,

that I last saw him alive on Feb. 13, 1925,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Unstable angina pectoris - 2 days.

(duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY Prostate enlargement & heart
 (SECONDARY) 7th grade.

18 Where was disease contracted (duration) _____ yrs. _____ mos. _____ ds.

if not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? _____

(Signed) W. E. Greenwell, M. D.

, 19 (Address) Fort Devens, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Winterton Cemetery Feb. 17 19 25

20 UNDERTAKER

C. R. Bennison

ADDRESS

Winterton

V. S. No. 98
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer"; "Foreman"; "Manager"; "Dealer"; etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic subacute heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 31
City or Town Wentworth No. 112 River Road St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rebecca Blanche Smith
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 112 River Road St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 13 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5a If ~~married~~, widowed, or divorced
HUSBAND of J. Jonathan J. Smith
(or) WIFE of _____
6 AGE Years _____ Months 10 Days 29 If LESS than 1 day, _____ hrs. or _____ min.
If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(b) Name of employer _____

8 BIRTHPLACE (City) Woburn
(State or country) Mass

9 NAME OF FATHER Samuel Gates

10 BIRTHPLACE OF FATHER (City) England
(State or country)

11 MAIDEN NAME OF MOTHER Mary Berganson

12 BIRTHPLACE OF MOTHER (City) Concord
(State or country) N. S.

13 Informant William H. Warren
(Address) 112 River Road Wentworth

14 Filed Mar 6 1923
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Merv J. Smith
9.2

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 21 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 18, 1923, to July 21, 1923, that I last saw her alive on July 20, 1923, and that death occurred, on the date stated above, at 12:5 A. m. The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Arterio-sclerosis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? clinical
(Signed) Orville E. Johnson, M.D.

(Address) 123 Wentworth St. Wentworth

Date July 21 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Boston - Forest Hills
(Cemetery) Forest Hills (City or town) DATE OF BURIAL 2/23 = 1923

19 UNDERTAKER Chas. R. Benson ADDRESS Wentworth Mass

Official position Secretary Date of issue of permit 2/23/23 Permit No. 536

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*. (b) *Cotton mill*. (c) *Salesman*. (d) *Grocery*: (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Nephitis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meselas* (disease causing death) *99 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Tebility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicemia," "PERIPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health. Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Mass

(City or town) North

City or Town Northampton No. 78 Centre St. 3 Ward 2

Registered No. 4610

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Nancy P. Webber

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 78 Centre St. — Ward —

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 years months days

How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Alexander

6 AGE

Years

Months

Days

If LESS than

86

11

17

1 day..... hrs. or..... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Drove

(b) Name of employer

8 BIRTHPLACE (City)

Shapleigh
Maine

(State or country)

9 NAME OF FATHER

Samuel Allen

10 BIRTHPLACE OF FATHER (City)

Shapleigh
Maine

(State or country)

11 MAIDEN NAME OF MOTHER

Abigail Pray

12 BIRTHPLACE OF MOTHER (City)

Shapleigh
Maine

(State or country)

13

Informant

(Address)

Mrs. G. W. Merrill
Northampton Mass

14

Filed

Mar 6 1923

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb.
(Month)

21
(Day)

1923
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1923, to Feb 21, 1923.

that I last saw him alive on Feb 20, 1923,

and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH was as follows:

arteriosclerosis
myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. F. Johnson M.D.

(Address) 317 Northampton St

Date Feb 21 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Northampton Ceme
(Cemetery) (City or town)

DATE OF BURIAL

Feb 23
1923

19 UNDERTAKER

Joseph P. Blaisdell
Son

ADDRESS

123

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert J. Smith
Per. 9. 8. 9.

Official position See

Date of issue of permit Feb 23 1923 Permit No. 537

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Landscape engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Printer*; (b) *Callon mill*; (c) *Salesman*, (d) *Grinner*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *Name*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestion," "Sedla," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

12,969

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State _____ Registered No. 93
City or Town Winthrop No. 2 Ocean View Extension St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James Monroe Harris
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 2 Ocean View Extension St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred X years 5 months X days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6 AGE Years _____ Months 5 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) Name of employer _____

8 BIRTHPLACE (City) Winthrop (State or country) Mass

9 NAME OF FATHER James M. Harris

10 BIRTHPLACE OF FATHER (City) Mexia (State or country) Texas

11 MAIDEN NAME OF MOTHER Esther Boyd

12 BIRTHPLACE OF MOTHER (City) Charleston (State or country) South Carolina

13 Informant James M. Harris, Sr (Address) 2 Ocean View Extension Street

14 Filed Mar 4 1923 REGISTRAR

20 Burial permit issued by Robert J. Smith Official position Secretary

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH February 21 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural causes
Character indeterminate
(Died dead in bed.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) Lucretia Lynn Reynolds, M.D.
(Address) _____

Medical Examiner for Suffolk
Date Feb 21 1923.
(Month) (Day) (Year)

15 PLACE OF BURIAL, CREMATION, or REMOVAL Winthrop (Cemetery) Mass (City or town) DATE OF BURIAL 2/23-1923 (Month) (Day) (Year)

19 UNDERTAKER CR Bennett ADDRESS Winthrop

21 Date of issue 2/23/23 Permit No. 535

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

James Monroe Parise
Jul. 21, 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 34
City or Town Winthrop No. 21 Belcher St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Jane Manning
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. St. Belcher St. Ward
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas
6 AGE Years Months Days If LESS than 1 day.....hrs. ormin.
62

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer

8 BIRTHPLACE (City) Ireland
(State or country)

9 NAME OF FATHER John McHugh

10 BIRTHPLACE OF FATHER (City) England
(State or country)

11 MAIDEN NAME OF MOTHER Margaret Washburn

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Thomas Manning
(Address) 21 Belcher St.

14 Filed Mar 1 1923
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 23 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from October 1, 1922, to Feb 23, 1923, that I last saw him alive on Feb 22, 1923, and that death occurred, on the date stated above, at 5-45 P. M., The CAUSE OF DEATH was as follows:

Leucinaemia of Bladder

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? (Signed) Augustus L. Gallyan, M.D.

(Address) 9 Princeton St. Boston

Date Feb-24-1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden
(Cemetery) (City or town) DATE OF BURIAL Feb 30 1923

19 UNDERTAKER Joseph T. Maley ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith Official position Secretary Date of issue of permit 2/24/23 Permit No. 539

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a simple word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scullery, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral meningitis*, *typhoid fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *typhoid fever* (never "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonæum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 35
City or Town Wintthrop No. 51 College Park Rd St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Elizabeth Abbott
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 51 College Park Rd Ward. _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 24 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If ~~married~~ widowed, or divorced
HUSBAND of James Gardner Abbott
(or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
81 X 15

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer _____

8 BIRTHPLACE (City) Lowell
(State or country) Mass

9 NAME OF FATHER Oliver Pearl

10 BIRTHPLACE OF FATHER (City) unable to obtain
(State or country) _____

11 MAIDEN NAME OF MOTHER Ann Maria King

12 BIRTHPLACE OF MOTHER (City) unable to obtain
(State or country) _____

13 Informant Miss Ella Abbott
(Address) 51 College Park Road

14 Filed May 6 1923
(Month) (Day) (Year) REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 23 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mr., 1919, to July 23, 1923, that I last saw her alive on July 22, 1923, and that death occurred, on the date stated above, at S. W. A. m. The CAUSE OF DEATH was as follows:
Senility.

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Monchitis
(SECONDARY)
(duration) _____ yrs. _____ mos. 6 ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? _____

(Signed) Tracy J. Moore, M.D.
(Address) 218 Main St
Date July 24 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Wintthrop
(Cemetery) Mass (City or town) _____
DATE OF BURIAL 2/25-1923

19 UNDERTAKER C. R. Beerman ADDRESS Wintthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith 9/2
Official position Secretary Date of issue of permit 2/24/23 Permit No. 598

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis*; (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Disiplmia* (void use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesenteric disease causing death, 89 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Athropy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scabic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

36

City or Town

Boston

No.

St.

16 Forest St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Marie F. M. Cormack

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

16 Forest St

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

6

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

9 NAME OF FATHER

Daniel A. M. Cormack

10 BIRTHPLACE OF FATHER (City)

P. E. L. Souwe

(State or country)

11 MAIDEN NAME OF MOTHER

Rose Bloom

12 BIRTHPLACE OF MOTHER (City)

East Boston

(State or country)

Mass.

13

Informant

Heather

(Address)

16 Forest St Winthrop

14

Filed

Mar. 6 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Richard L. Kirby

Official position

Registrar

Date of issue of permit

2/25/23

Permit No.

540

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb. 24

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb. 18, 1923, to Feb. 24, 1923,

that I last saw her alive on **Feb. 24, 1923,**

and that death occurred, on the date stated above, at **7 P. M.**

The CAUSE OF DEATH was as follows:

Effects of the newborn

(duration) yrs. mos. **6** ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? **no** Date of

Was there an autopsy? **no**

What test confirmed diagnosis? **Colo. of skin - jaundice**

(Signed) **Albert Austin**, M.D.

(Address) **32 Waverly Ave. Winthrop**

Date **Feb. 25, 1923**

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Holy Cross Malden

Feb. 26, 1923

19 UNDERTAKER

ADDRESS

Richard L. Kirby E. Boston

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Coal engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to specify officially the occupations of persons engaged in domestic service for wages, as *Seaman, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Coronaria, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Ashtonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Sotile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERIAL septicemia," "PERIPERIAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gascolitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

33 Way Home Ave

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health. Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County *Suffolk*

State *Mass*

Registered No. *37*

City or Town *Wentworth*

No. *573 Pleasant St* St., *Wentworth* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sarah Ackroyd.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *573 Pleasant* St., *Wentworth* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *9* years *0* months *0* days. How long in U. S., if of foreign birth? *9* years *0* months *0* days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed, or divorced

HUSBAND of *Simon Ackroyd*
(or WIFE of)

6 AGE

Years *74*

Months *6*

Days *7*

If LESS than

1 day, *0* hrs. *0* min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

Braintree

(State or country)

England

9 NAME OF FATHER

William Feather

10 BIRTHPLACE OF FATHER (City)

England

(State or country)

11 MAIDEN NAME OF MOTHER

unable to obtain

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant *Chis N. Ackroyd*

(Address) *573 Pleasant St*

14

Filed *Mar. 6 1923*

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert J. Smith
4-3

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb 25

1923

(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 22

1923

to *Feb 25*

1923

that I last saw her alive on *Feb 25*, 1923,

and that death occurred, on the date stated above, at *11:05* a.m.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

1 week

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

at home

Did an operation precede death?

No Date of *✓*

Was there an autopsy?

No

What test confirmed diagnosis?

Bacterial Culture

(Signed) *R. B. Parker*

(Address) *148 Wentworth St*

M.D.

Date *Feb 26*

(Month)

(Day)

(Year) *1923*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wentworth

(Cemetery) *Wentworth*

(City or town)

DATE OF BURIAL

2/27-23

19 UNDERTAKER

Chis R. Benjamin

ADDRESS

Wentworth

Date of issue of permit *2/27/23*

Permit No. *541*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*. *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mines*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . of the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town) 38
Registered No.

1 PLACE OF DEATH
County *Suffolk* State *Mass*
City or Town *Waltham* No. *65 Court Rd* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Jane Ross Chapman*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence No. *65 Court Rd* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *13* years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of *George Chapman*

6 AGE Years *72* Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *at home* (b) Name of employer

8 BIRTHPLACE (City) (State or country) *Scotland*

9 NAME OF FATHER *George Ross*
10 BIRTHPLACE OF FATHER (City) (State or country) *Scotland*
11 MAIDEN NAME OF MOTHER *Jane Bishop*
12 BIRTHPLACE OF MOTHER (City) (State or country) *Scotland*

13 Informant *Louise B. Chapman* (Address) *65 Court Rd - Waltham*

14 Filed *Mar 6 1923* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Feb 27 1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Feb 25 1923*, to *Feb 26 1923* that I last saw her alive on *Feb 26 1923* and that death occurred, on the date stated above, at *5 A.* m. The CAUSE OF DEATH was as follows:

benign of uterus.
acute (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? (Signed) *F. J. Barrett*, M.D. (Address) *45 Broadway Ave* Date *Feb 27 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Waltham Tomb* (Cemetery) (City or town) DATE OF BURIAL *March 1-1923*

19 UNDERTAKER *C. R. Burman* ADDRESS *Waltham*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *Robert Smith* Official position *Secretary* Date of issue of permit *3/1/23* Permit No. *572*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasmas); *Metastases*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 4f.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the places where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

13,004

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State _____ Registered No. 41
City or Town Wilmington No. 40 Cottage Ave. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Antonia Mossman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 40 Cottage Ave. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence to city or town where death occurred 12 years _____ months _____ days _____ How long in U. S., if of foreign birth? 82 years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

15 DATE OF DEATH March 1 1923
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE Adeline S. Mossman

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
46 1 2

Natural Causes:
Cardio-vascular disease
inidental to advanced age.
(Sudden death.)

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retail Tailor
(b) Name of employer _____

(See reverse side for description for unknown person)

8 BIRTHPLACE (City) Treeburg Baden
(State or country) Germany

9 NAME OF FATHER Cannot be obtained

17 Where was injury sustained if not at place of death? _____
(Signed) Ernest Augustus M.D.
(Address) _____

10 BIRTHPLACE OF FATHER (City) Cannot be obtained
(State or country) Cannot be obtained

11 MAIDEN NAME OF MOTHER Cannot be obtained

12 BIRTHPLACE OF MOTHER (City) Cannot be obtained
(State or country) Cannot be obtained

Medical Examiner for Suffolk
Date March 3 1923.
(Month) (Day) (Year)

13 Informant William A. Mossman
(Address) 36 Commonwealth Ave. Boston

18 PLACE OF BURIAL, CREMATION, or REMOVAL Forest Hills Boston
(Cemetery) (City or town) DATE OF BURIAL Mar 4 1923
(Month) (Day) (Year)

14 Filed Mar 1 1923
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER Thalia J. Stokes ADDRESS H. Roxbury

20 Burial permit issued by Albert J. Smith Official position Secretary 21 Date of issue 3/4 23 Permit No. 5737

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— General Laws, Chapter 46, Section 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M. 1. 1923

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Winthrop

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. **42**
City or Town **Boston** No. **319** **Winthrop** St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Catherine E Herbert
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **319 Winthrop** St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **John J Herbert**

6 AGE Years Months Days If LESS than 1 day,.....hrs. of.....min.
52 X X

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House Wife**
(b) Name of employer **At Home**

8 BIRTHPLACE (City)

(State or country) **Boston Mass**

9 NAME OF FATHER

Thomas Fisher

10 BIRTHPLACE OF FATHER (City)

(State or country) **Ireland**

11 MAIDEN NAME OF MOTHER

Mary O'Neil

12 BIRTHPLACE OF MOTHER (City)

(State or country) **Ireland**

13

Informant **John J Herbert**
(Address) **319 Winthrop St Winthrop**

14

Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **March 2 1923**
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **Feb 27 1922** to **March 2 1923**
that I last saw him alive on **March 2 1923**
and that death occurred, on the date stated above, at **12:10 P. m.**
The CAUSE OF DEATH was as follows:
Pneumonia

(duration) yrs. mos. **3** ds.

CONTRIBUTORY (SECONDARY) **Orbitis media**
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? **FOR WHAT?**

Did an operation precede death? **no** Date of

Was there an autopsy? **no**

What test confirmed diagnosis?

(Signed) **C. Frimley**, M.D.

(Address) **353 Winthrop St**

Date **March 3 1923**
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden DATE OF BURIAL **March 5 1923**
(Cemetery) (City or town)

19 UNDERTAKER

P. J. McAule ADDRESS **Chs**

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. **March 2 1923** Official position **Registrar** Date of issue of permit **3/5/23** Permit No. **545**

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or even up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Colicapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

R-301
 N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
 (City or town)

1 PLACE OF DEATH
 County Suffolk State Mass. Registered No. 43
 City or Town Winthrop No. 103 River Rd. St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Heleen T. Brandt
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 103 River Rd. St., _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

| | | | | |
|-------|-----------|-----------|-----------|--|
| 6 AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| | <u>17</u> | <u>11</u> | <u>10</u> | |

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED Student
 (a) Trade, profession, or particular kind of work
 (b) Name of employer _____

8 BIRTHPLACE (City) East Boston
 (State or country) Mass.

9 NAME OF FATHER Charles

10 BIRTHPLACE OF FATHER (City) Charlestown
 (State or country) Mass.

11 MAIDEN NAME OF MOTHER Mary E. McLaughlin

12 BIRTHPLACE OF MOTHER (City) East Boston
 (State or country) Mass.

PARENTS

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Mar. 3 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1923, to Mar. 3, 1923, that I last saw her alive on Mar. 3, 1923, and that death occurred, on the date stated above, at 2:30 P. M. The CAUSE OF DEATH was as follows:
tubercular Peritonitis

(duration) _____ yrs. 1 mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Edw. J. Granger, M.D.
 (Address) 70 Irving St.
 Date Mar. 4 1923
 (Month) (Day) (Year)

13 Informant Charles Brandt
 (Address) 103 River Rd.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Rose Cross Malden
 (Cemetery) (City or town) DATE OF BURIAL Mar. 4 1923

14 Filed Mar 4 1923 Bessie L. Lodge REGISTRAR
 (Month) (Day) (Year)

19 UNDERTAKER James F. McElroy ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Robert S. Smith Official position Secretary Date of issue of permit 3/5/23 Permit No. 544

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*, (d) *Grocery*; (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemist" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

Suffolk
Winthrop

Mass

44

No. 47, Summit ave
St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Dea. Giffin Freeman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 47 Summit ave
(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Lena, Hayden, Freeman

6 AGE

Years

Months

Days

If LESS than

56

8

19

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.owner } (advertising)
Oxford Press } (Printer)

(b) Name of employer

8 BIRTHPLACE (City)

Sable River

(State or country)

Nova Scotia

9 NAME OF
FATHER

John Giffin Freeman

10 BIRTHPLACE OF
FATHER (City)

Sable River, N. S.

(State or country)

11 MAIDEN NAME
OF MOTHER

Margaretta Giffin

12 BIRTHPLACE OF
MOTHER (City)

Lewis Head

(State or country)

Nova Scotia

13

Informant

(Address)

Lena H. Freeman (Wife)

47 Summit ave

14

Filed

Mar 5 1923 Berrie L. Dodge Ark

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 4, 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 24, 1923, to Mar 4, 1923,

that I last saw him alive on Mar 4, 1923,

and that death occurred, on the date stated above, at 10. A. M.

The CAUSE OF DEATH was as follows:

Acute myocarditis

(duration)yrs.mos. 14 ds.

CONTRIBUTORY

(SECONDARY)

(duration)yrs.mos.ds.

17 Where was disease contracted
if not at place of death?

at home

Did an operation precede death?

No

Date of ✓

Was there an autopsy?

Yes

What test confirmed diagnosis?

Passal (Chemistry)

(Signed)

R. B. Parker

M.D.

(Address)

148 Winthrop St Winthrop

Date

Mar 5 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Mass

(Cemetery)

(City or town)

DATE OF BURIAL

3/6-1923

19 UNDERTAKER

C. R. Beaman

ADDRESS

Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert S. Smith

Official
position

Secretary

Date of
issue
of permit

3/6/23

Permit

No. 547

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colony mill*, (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 15.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 89, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from homo 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)
Registered No. 45

1 PLACE OF DEATH

County

City or Town

Suffolk
Winthrop

State

Mass
TewallNo. 163
(If death occurred in a hospital or institution, give its NAME instead of street and number)

St., Ward

2 FULL NAME

Daniel Smith

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 163 Tewall
(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

8 years months

days.

How long in U. S., if of foreign birth?

years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Sarah C Smith

6 AGE

Years

Months

Days

If LESS than

80

7

3

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Engineer

(b) Name of employer

Am. Radiator Co

8 BIRTHPLACE (City)

Halifax
N.Y.

(State or country)

9 NAME OF
FATHER

Daniel Smith

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Eng.

11 MAIDEN NAME
OF MOTHER

Unknown

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Eng.

13

Informant

(Address)

Mrs. William Wallace
163 Tewall St Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 4th 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb. 27, 1923, to Mar 4, 1923.

that I last saw him alive on Mar 3, 1923,

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed)

Carl A. Lindquist, M.D.

(Address)

24 Westland Ave
Boston Mass

Date

March 4 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop
(Cemetery)Winthrop
(City or town)

DATE OF BURIAL

3/6/23

19 UNDERTAKER

Arthur F. Douglass

ADDRESS

Chelsea

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedRobert S. Smith
4/17Official
position

Secretary

Date of
issue of
permit

3/5, 23

Permit

No. 576

N. B. - WHITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

March 4, 1923

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winstor
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *46*
City or Town *Winstor* No. *49 Johnson Ave* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Lucy Harmon Cook*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *49 Johnson Ave* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred *22* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5a If married, widowed, or divorced
HUSBAND of *Henry J. Cook*
(or) WIFE of

6 AGE Years *70* Months *4* Days *27* If LESS than 1 day, _____ hrs. or _____ mio.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at Home*
(b) Name of employer _____

8 BIRTHPLACE (City) *Boston*
(State or country) *Mass*

9 NAME OF FATHER *Mathew Whitten*

10 BIRTHPLACE OF FATHER (City) *unable to obtain*
(State or country)

11 MAIDEN NAME OF MOTHER *Phoebe Morrill*

12 BIRTHPLACE OF MOTHER (City) *unable to obtain*
(State or country)

13 Informant *Henry J. Cook*
(Address) *49 Johnson Ave Winstor*

14 Filed _____
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *Albert S. Smith*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *March 5, 1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Dec 1922*, to *3/5*, 19*23*,
that I last saw him alive on *3/5*, 19*23*,
and that death occurred, on the date stated above, at *2 P. M.*
The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

CONTRIBUTORY *Secondary Anaemia*
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis?
(Signed) *Harvey Atchley*, M.D.
(Address) *200 Pleasant St*
Date *3 5 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Winstor Cemetery *3/7-1923*
(Cemetery) (City or town)

19 UNDERTAKER ADDRESS
C.R. Bennett *Winstor*

Official position *Secretary* Date of issue of permit *3/8/23* Permit No. *549*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

March 6, 1923.
Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*; (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *At home*, and children, not gainfully employed, as *A school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesalitis*; *Whooping cough*; *Chronic interlobar heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesalitis* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestal," "Sable," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infection," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information when the give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winstrot
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

47

City or Town

Winstrot

No.

24 Lincoln St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Eizabeth-Jane Clarke

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

24 Lincoln St

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

19 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Married*

5a If married, widowed, or divorced

~~HUSBAND~~
(or) WIFE of*William. E. Clarke*

6 AGE

Years

68

Months

11

Days

29

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*at Home*

(b) Name of employer

8 BIRTHPLACE (City)

Burlot

(State or country)

*Vermont*9 NAME OF
FATHER*Richard. Monroe*10 BIRTHPLACE OF
FATHER (City)*London*

(State or country)

11 MAIDEN NAME
OF MOTHER*Mary Falls*12 BIRTHPLACE OF
MOTHER (City)*London*

(State or country)

13

Informant

William. E. Clarke

(Address)

24 Lincoln St Winstrot

14

Filed

March 8 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued*W. S. Smith*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 5 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

*March 2 1923, to March 5 1923,*that I last saw him alive on *March 5 1923,*and that death occurred, on the date stated above, at *11:45 p.m.*

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Renal cessation of function

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?*Home*Did an operation precede death? *no* Date of *—*Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Tracy T. Brown*, M.D.(Address) *218 Main*Date *March 7 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winstrot - Mass
(Cemetery) *—* (City or town)

DATE OF BURIAL

Mar 8 1923

19 UNDERTAKER

C. R. Bennett

ADDRESS

*Winstrot*Official
position*Secretary*Date of
issue of permit*3/8 23*

Permit

No. *548*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

March 5, 1923

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthina," "Anomia," "Convulsions," "Debility," "Congestion," "Collapse," "Coma," "Anemia," "Delirium," "Atrophy," "Stupor," "Inanition," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc. *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatized) "Atrophy," "Collapse," "Coma," "Convulsions," "Epilepsy" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPARTAL septicæmia," "PERIPARTAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhages, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County Suffolk State Mass Registered No. 49
City or Town Winthrop No. 371 Shirley St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Llice Pal

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 371 Shirley

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank

6 AGE

38

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.at home

(b) Name of employer

8 BIRTHPLACE (City)

Old Orchard
Maine

(State or country)

9 NAME OF
FATHERJohn (cannot be learned)10 BIRTHPLACE OF
FATHER (City)cannot be learned

(State or country)

11 MAIDEN NAME
OF MOTHERcannot be learned12 BIRTHPLACE OF
MOTHER (City)cannot be learned

(State or country)

13

Informant Frank Pal
(Address)

14

Filed Mar 8 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Mar 7 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Mar 2 1923, to Mar 7 1923,that I last saw h. alive on Mar 6 1923,and that death occurred, on the date stated above, at 2:00 a. m.

The CAUSE OF DEATH was as follows:

acute nephritis(duration) yrs. mos. 5 ds.

CONTRIBUTORY

lobar pneumonia

(SECONDARY)

(duration) yrs. mos. 1 ds.17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Trauger M.D.(Address) 78 Mil Dr.Date Mar 7 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Joseph's Boston
(Cemetery) (City or town)

DATE OF BURIAL

Mar 9 1923

19 UNDERTAKER

John T. O'Malley

ADDRESS

WinthropOfficial
positionSecretaryDate of
issue
of permit3/8/23

Permit

No. 652

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *A school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelicate); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicaemia," "Puereral peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumony"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, child birth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
 County Suffolk State Mass. Registered No. 50
 City or Town Winthrop No. 86 Bowdoin St St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Killie L. Power
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 86 Bowdoin St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 42

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper
 (b) Name of employer _____

8 BIRTHPLACE (City) Cambridge
 (State or country) Mass.

9 NAME OF FATHER William S.
 10 BIRTHPLACE OF FATHER (City) Breland
 (State or country) _____
 11 MAIDEN NAME OF MOTHER Margaret C. Connor
 12 BIRTHPLACE OF MOTHER (City) Boston
 (State or country) Mass.

13 Informant Killie L. Power
 (Address) 86 Bowdoin St

14 Filed _____ (Month) (Day) (Year) _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Mar 8, 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mar 7, 1923, to Mar 8, 1923, that I last saw her alive on Mar 8, 1923, and that death occurred, on the date stated above, at 6.03 P.M.
 The CAUSE OF DEATH was as follows:
Pericious Anaemia.

(duration) 3+ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Cerebral Oedema
 (SECONDARY) (duration) _____ yrs. _____ mos. 1+ ds.

17 Where was disease contracted if not at place of death? _____
 Did an operation precede death? Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis? _____

(Signed) Richard M. Mearns, M.D.
 (Address) 114 Pleasant St
 Date Mar 9, 1923
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Paul's Cemetery
 (Cemetery) (City or town) DATE OF BURIAL Mar. 11, 1923

19 UNDERTAKER John C. Gray ADDRESS Weston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith
 Official position: Secretary Date of issue of permit: 3/9/23 Permit No. 552

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely synonymic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County *Suffolk*

State *Mass*

Registered No. *51*

City or Town *Wentworth*

No. *Wentworth Community Hospital*

St. _____

Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Addie Bell Lovett*

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *180 Pauline St*

St. _____

Ward. _____

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *20* years

0 months

11 days

How long in U. S., if of foreign birth?

0 years

0 months

0 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*

4 COLOR OR RACE *White*

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5a If married, widowed, or divorced
HUSBAND of *Parker W. Lovett*
(or) WIFE of

6 AGE

Years *62*

Months *5*

Days *11*

If LESS than
1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at home*

(b) Name of employer

8 BIRTHPLACE (City)

China

(State or country)

me

9 NAME OF FATHER

Albert B. McLaughlin

10 BIRTHPLACE OF FATHER (City)

China

(State or country)

me

11 MAIDEN NAME OF MOTHER

Ellen Kimball

12 BIRTHPLACE OF MOTHER (City)

Herman

(State or country)

me

13

Informant *Parker W. Lovett*

(Address) *180 Pauline St*

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *March 11 1923*

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 27, 19*23*, to *Mar 11*, 19*23*,

that I last saw her alive on *Mar 11*, 19*23*,

and that death occurred, on the date stated above, at *6:45 P. m.*

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(duration) yrs. mos. *14* ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? *at home*

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *Respiral Observations*

(Signed) *A. B. Parker*, M.D.

(Address) *Wentworth, Mass*

Date *Mar 12 1923*

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wentworth Tomb
(Cemetery) (City or town)

DATE OF BURIAL

Mar 13 1923

19 UNDERTAKER

Chas R Pennum

ADDRESS

Wentworth Mass

Official position *Secretary*

Date of issue of permit *3/13/23*

Permit No. *523*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

March 11, 1923
[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *92 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misadventure, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death. . . . — *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County *Suffolk* State *Mass* Registered No. *52*
City or Town *Wentworth* No. *21 James Ave* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

June Gregg Ramsey
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No. *21 James Ave* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *28* years *X* months *X* days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *John William Ramsey*

6 AGE Years *75* Months *5* Days *12* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at Home*
(b) Name of employer _____

8 BIRTHPLACE (City)

(State or country) *St. Johns N.B.*

9 NAME OF FATHER

Wm Gregg

10 BIRTHPLACE OF FATHER (City)

(State or country) *St. Johns N.B.*

11 MAIDEN NAME OF MOTHER

unable to obtain

12 BIRTHPLACE OF MOTHER (City)

(State or country) _____

13

Informant *John W. Ramsey*
(Address) *21 James Ave*

14

Filed (Month) (Day) (Year) _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *March 12 1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *March 3 1923*, to *March 12 1923*
that I last saw her alive on *March 12 1923*,
and that death occurred, on the date stated above, at *2 P* m.
The CAUSE OF DEATH was as follows:

Phurks - pneumonia
(duration) _____ yrs. _____ mos. *9* ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis?
(Signed) *Tracy G. Brown* M.D.

(Address) *21 Main St. Wentworth*
Date *March 12 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wentworth
(Cemetery) *1st* (City or town)

DATE OF BURIAL

Mar 14/23

19 UNDERTAKER

C. R. Bennett

ADDRESS

Wentworth

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Albert S. Smith Official position *Secretary* Date of issue of permit *3/14/23* No. *54*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *20 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anoxia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County *Suffolk* State *Mass.* Registered No. *53*

City or Town *Winthrop* No. *14 Perkins* St. *III* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Meyer Peimberg
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *14 Perkins* St. *III* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred *3* years months days. How long in U. S., if of foreign birth? *16* years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widower*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Sarah Peimberg*

6 AGE Years *65* Months *6* Days *1* LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *store keeper retired* (b) Name of employer *4 years ago self*

8 BIRTHPLACE (City) *Russia* (State or country)

9 NAME OF FATHER *Abraham*

10 BIRTHPLACE OF FATHER (City) *Russia* (State or country)

11 MAIDEN NAME OF MOTHER *Sarah Liphitz*

12 BIRTHPLACE OF MOTHER (City) *Russia* (State or country)

13 Informant *David Peimberg* (Address) *13 Wollaston Ter. Dor.*

14 Filled (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *Albert J. Smith*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *March 16 1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Sept 30 1922* to *March 16 1923*, that I last saw him alive on *March 16 1923*, and that death occurred, on the date stated above, at *7:30 A. m.* The CAUSE OF DEATH was as follows:

Carcinoma of stomach

(duration) *3* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? *at home*

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *Peritoneal obstruction* (Signed) *R. B. Parker* M.D.

(Address) *Winthrop Mass* Date *March 16 1923* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Woburn* DATE OF BURIAL *Mar. 16th 1923*
(Cemetery) (City or town)

19 UNDERTAKER *Mmanuel Staronetsky* ADDRESS *Boston*

Official position *Secretary* Date of issue of permit *5/16/23* Permit No. *554*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. This question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as *Asphemia*, "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all deaths resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence; if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or Town Boston No. MASS. GEN. HOSPT.

Registered No. 3212 (Place of death)

Registered No. 54 (Place of residence)

2 FULL NAME

KATE CASSIDY MASS.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State City or Town WINTHROP No. 163 GROVERS AVE. St.

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

15 DATE OF DEATH MAR. 18 1923 (Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from MAR. 14, 1923, to MAR. 18, 1923, that I last saw h. ER alive on MAR. 18, 1923,

6 AGE 50 Years Months Days If LESS than 1 day... hrs. or... min.

and that death occurred, on the date stated above, at 8.55 a. m. The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here

BRONCHO-PNEUMONIA

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work HOUSEMAID (b) Name of employer

(duration) yrs. mos. 6 ds.

8 BIRTHPLACE (city or town) PROVIDENCE (State or country) R. I.

CONTRIBUTORY (SECONDARY) BRONCHO-PNEUMONIA (duration) yrs. mos. 6 ds.

9 NAME OF FATHER JAMES CASSIDY

17 Where was disease contracted if not at place of death?

10 BIRTHPLACE OF FATHER (city or town) (State or country)

Did an operation precede death? Date of

11 MAIDEN NAME OF MOTHER CATHERINE BROWN

Was there an autopsy?

12 BIRTHPLACE OF MOTHER (city or town) (State or country)

What test confirmed diagnosis? (Signed) G. A. MAC IVER, M.D. MAR. 18, 19 (Address)

13 Informant (Address) MRS. GILLEN

18 PLACE OF BURIAL, CREMATION, OR REMOVAL PAWTUCKET, R. I. (ST. FRANCIS) 3-20 1923 DATE OF BURIAL

14 Filed MAR. 20, 1923 E. W. M. Glemens Registrar of city or town where death occurred Filed MAR. 24, 1923 Registrar of city or town where deceased resided

19 UNDERTAKER T. F. MONAHAN ADDRESS PROV.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Typhoid cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; if *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plabobitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, whom last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . The shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *55*
City or Town *Wentworth* No. *25 Pleasant St* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Maria W. Johnson*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *25 Pleasant* St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred *30* years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of *William H. Johnson*
6 AGE Years *80* Months *6* Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at Home*
(b) Name of employer

8 BIRTHPLACE (City) *Orleans*
(State or country) *Mass*

PARENTS
9 NAME OF FATHER *John Horlor*
10 BIRTHPLACE OF FATHER (City) *Eastham*
(State or country) *Mass*
11 MAIDEN NAME OF MOTHER *Elizabeth Gail*
12 BIRTHPLACE OF MOTHER (City) *Eastham*
(State or country) *Mass.*

13 Informant *Mrs May Milliken*
(Address) *337 Waverley St Roxbury*

14 Filed *Wentworth*
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *March 18* 19*23*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *March 14*, 19*23*, to *March 18*, 19*23*, that I last saw her alive on *March 18*, 19*23*, and that death occurred, on the date stated above, at *5:35 P.* m.

The CAUSE OF DEATH was as follows:
Influenza

CONTRIBUTORY *Broncho Pneumonia*
(SECONDARY) (duration) yrs. mos. *4* ds.

17 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis?
(Signed) *Horace J. Sorelle* M.D.
(Address) *180 Wentworth St*
Date *March 19* 19*23*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wentworth - Wentworth*
(Cemetery) (City or town) DATE OF BURIAL *3/21-23*

19 UNDERTAKER *C. R. ...* ADDRESS *Wentworth*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *Albert J. Smith*
Official position *Secretary* Date of issue of permit *3/19/23* Permit No. *557*

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter purpose; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact no occupation whatever, write *None*. For persons who have

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using *brwsplnd fever* the same accepted term for the same disease. Examples: *Cerebromeningitis*?; *Dysphtherta* (avoid use of "Croup"); *Typoidal fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less desirable; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *10 da*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, containing the name of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wendell
(City or town)
Registered No. 56

1 PLACE OF DEATH

County

Suffolk

State

Mass

City or Town

Wendell

No. 15

George St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Ann Peirce Thompson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

15 George

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

14

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

of Samuel B. Thompson March 10, 1913, to March 18, 1923

6 AGE

Years

102

Months

9

Days

21

If LESS than

1 day..... hrs.
or..... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at

(b) Name of employer

Home

8 BIRTHPLACE (City)

So Danvers

(State or country)

Mass

9 NAME OF
FATHER

Leonard Peirce

10 BIRTHPLACE OF
FATHER (City)

Lexington

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

Rebekah Allen

12 BIRTHPLACE OF
MOTHER (City)

Fitzwilliam

(State or country)

N. H.

13

Informant
(Address)(Son) G. B. Thompson
15 George St Wendell

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Albert S. Smith

Official
position

secretary

Date of
issue
of permit

3/19/23

Permit

No.

556

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March
(Month)18
(Day)1923
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 10, 1923, to March 18, 1923
that I last saw him alive on March 17, 1923,

and that death occurred, on the date stated above, at 7:30 A. M.

The CAUSE OF DEATH was as follows:

Arterio-sclerosis
myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? Date ofWas there an autopsy?

What test confirmed diagnosis?

(Signed) C. J. Maloney M.D.

(Address) 366 Wendell St

Date March 19, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wendell Crematorium
(Cemetery) (City or town)

DATE OF BURIAL

Mar. 20 - 1923

19 UNDERTAKER

C. R. Bennett

ADDRESS

Wendell

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (a) *Automobile factory*, return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *89 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal," *septicemia*, "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration or as to the manner or cause of the death, which can be obtained as to the deceased, require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH

County *Suffolk* State *Mass* Registered No. *57*
City or Town *Wintthrop* No. *4 Sinder* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William Beady

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

4 Sinder

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male *White* *Widowed*

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Margaret

6 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

80

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Ireland

9 NAME OF FATHER

cannot be learned

10 BIRTHPLACE OF FATHER (City)

(State or country)

cannot be learned

11 MAIDEN NAME OF MOTHER

cannot be learned

12 BIRTHPLACE OF MOTHER (City)

(State or country)

cannot be learned

13

Informant (Address)

*Mrs. Mary Beady
4 Sinder*

14

Filed (Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Albert S. Smith

Official position *Secretary*

Date of issue of permit

3/24/23

Permit No.

558

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Mar 23 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 1 1923 to Mar 24 1923

that I last saw him alive on *Mar 23 1923*

and that death occurred, on the date stated above, at *3 P* m.

The CAUSE OF DEATH was as follows:

Epithelioma of tongue

(duration) *6* yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

arterio-sclerosis

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *C. Connelley* M.D.

(Address) *356 Wintthrop St*

Date *Mar 25 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Mary's Newburyport
(Cemetery) (City or town)

Mar 26 23

19 UNDERTAKER

ADDRESS

John T. O'Malley

Wintthrop

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archivist, Locomotive engineer, Civil engineer, Stationary fireman*, etc. Put in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business that have may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death is the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which solve any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, ergotism, erythris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

302
 N. B. While in plain terms, PHYSICIANS should state CAUSE OF DEATH in plain terms, carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back so that it may be properly classified.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Essex County, Mass. Registered No. 108
 Danvers State Hospital (Place of residence)
 City or Town No. St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Ann Houghton

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town Winthrop No. St.

Length of residence in city or town where death occurred 1 years 3 months 1 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

female white single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE 85 Years Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Maid
 (b) Name of employer Boston

9 BIRTHPLACE (city or town) Mass. (State or country)

PARENTS

10 NAME OF FATHER Lawson Houghton

11 BIRTHPLACE OF FATHER (city or town) Connecticut (State or country)

12 MAIDEN NAME OF MOTHER Mary Houghtingale

13 BIRTHPLACE OF MOTHER (city or town) Roxbury Mass. (State or country)

14 Informant Custis Koch (Address) Hathorne, Mass.

15 Filed 3/27/23 Registrar of city or town where death occurred
 Filed 1923 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 24, 1923

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1921, to Mar. 24, 1923, that I last saw her alive on Mar. 24, 1923, and that death occurred, on the date stated above, at 7:30 a.m. The CAUSE OF DEATH* was as follows:

Bronchopneumonia "primary"

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edgar Maule Blew, M.D. 26/23 (Address) Hathorne, Mass.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Hope Boston DATE OF BURIAL 3/27/23 19

20 UNDERTAKER Edmund Burke Boston ADDRESS

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on forms part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report officially the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonitis, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely syndromatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Pneumopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH
County Winthrop Suffolk State Massachusetts Registered No. 59
City or Town Boston No. 90 Terrace Ave. Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Offie Pennington
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 90 Terrace Ave., St., Ward Winthrop Beach
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
38

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work nurse
(b) Name of employer

8 BIRTHPLACE (City) England
(State or country)

9 NAME OF FATHER Unable to learn Pennington

10 BIRTHPLACE OF FATHER (City) England
(State or country)

11 MAIDEN NAME OF MOTHER Unable to learn

12 BIRTHPLACE OF MOTHER (City) England
(State or country)

13 Informant Lise Coleburne
(Address) 90 Terrace Ave. Winthrop, Mass

14 Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 27 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 21 1923 to March 27 1923, that I last saw her alive on March 26 1923, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH was as follows:

Carcinoma right Breast
general metastasis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? New York

Did an operation precede death? no Date of FOR WHAT?

Was there an autopsy? no

What test confirmed diagnosis? Personal Observation
(Signed) R. B. Parker, M.D.

(Address) Winthrop Mass

Date March 27 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Mass. Crematory DATE OF BURIAL 3/29/23
(Cemetery) Forest Hill (City or town)

19 UNDERTAKER W. H. Graham ADDRESS Boston

Official position Secretary Date of issue of permit 3/27/23 Permit No. 509

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Leconomic engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphæxia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: *Abortion*, *cellulitis*, *childbirth*, *convulsions*, *hæmorrhage*, *gangrene*, *gasstritis*, *erysipelas*, *meningitis*, *miscarriage*, *negrosis*, *peritonitis*, *phlebitis*, *pyæmia*, *septicæmia*, *tetanus*.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . . It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Winthrop

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. **60**

City or Town **Winthrop** No. **53 Trident Ave.** St., **Winthrop** Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Kathie Saunders

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **53 Trident Ave.** St., **Winthrop** Ward. **Winthrop**
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred **4** years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **Gyman**

6 AGE **27** Years Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Housewife**
(b) Name of employer

8 BIRTHPLACE (City) **Boston, Mass**
(State or country)

9 NAME OF FATHER **Abraham Shear**

10 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)

11 MAIDEN NAME OF MOTHER **Lena Benjaminson**

12 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)

13 Informant **Gyman Saunders**
(Address) **53 Trident Ave.**

14 Filed **Mar 31 1923**
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Albert S. Smith

Official position

Secretary

Date of issue of permit

3/29/23 No. **560**

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **Mar 28 1923**
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **March 20, 1923**, to **March 28, 1923**.
that I last saw her alive on **March 28, 1923**,
and that death occurred, on the date stated above, at **10 A** m.

The CAUSE OF DEATH was as follows:
Ectopic gestation

(duration) yrs. **2** mos. ds.

CONTRIBUTORY (SECONDARY) **none**

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? **FOR WHAT?**

Did an operation precede death? **no** Date of

Was there an autopsy? **no**

What test confirmed diagnosis? **Symptoms & signs**
(Signed) **William P. Keeton**, M.D.

(Address) **10 Gg Boylston St Boston**

Date **Mar 28 1923**
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **Woburn** DATE OF BURIAL **March 29 1923**
(Cemetery) **Ridge of Boston Cem.** (City or town)

19 UNDERTAKER **Manuel Stanetsky** ADDRESS **Boston**

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, *o. e., Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or even up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor"; for malignant neoplasms); *Meningis; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *89 ds.; Bronchopneumonia* (secondary). *10 ds.* Never report mere symptoms or terminal conditions, such as *Lapse, "Coma," Convulsions, "Debility," "Atrophy," "Colic," "Ashteria," "Anemia"* (merely symptomatic), "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal *epileptic, etc., "Puerperal peritonitis," etc.*

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician or other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

2466

61

City or Town

Winthrop

No.

329 Winthrop

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Wilbur F. Balcher

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

329 Winthrop

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

86

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Sarah F.

6 AGE

Years

Months

Days

If LESS than

86

7

10

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop

(State or country)

Mass

9 NAME OF
FATHER

Samuel Balcher

10 BIRTHPLACE OF
FATHER (City)

Winthrop Mass

(State or country)

11 MAIDEN NAME
OF MOTHER

Mary A. Whitney

12 BIRTHPLACE OF
MOTHER (City)

Marine

(State or country)

13

Informant
(Address)Miss Addie Balcher
Winthrop Mass

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Apr. 1, 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

1918, to April 1, 1923.

that I last saw him alive on

March 31, 1923.

and that death occurred, on the date stated above, at 8:50 P. M.

The CAUSE OF DEATH was as follows:

Chronic
Cardio-renal diseaseCONTRIBUTORY
(SECONDARY)Several (duration) yrs. - mos. - ds.
Arterio-sclerosis17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed)

Orville C. Johnson, M.D.

(Address)

123 Winthrop St

Date

Apr 2 - 1923 Winthrop

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Mass.
(Cemetery) (City or town)

DATE OF BURIAL

Apr. 4, 1923

19 UNDERTAKER

Geo W. Blandell, Son

ADDRESS

Lynn

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

Albert S. Smith

Official
position

Secretary

Date of
issue
of permit

4/4/23

Permit

No. 561

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.*

The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonæum, etc., Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *10 ds. Never report mere symptoms or terminal conditions, such as "Asphania," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.*

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

State of Rhode Island.

CHAPTER 121, GENERAL LAWS, 1909. OF THE REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES

Sec. 20. The clerk or registrar of each town and city shall on the first day of each and every month make a certified copy of all births, marriages and deaths recorded in the books of said town or city during the previous month, whenever the parents of the child born, or the bride or the groom, or the deceased person, were resident in any other town or city in this State or in any other state at the time of said birth, marriage or death; and shall transmit such certified copies to the clerk or registrar of the town, city or state in which such parents of the child born, the bride or the groom, or the deceased, were resident at the time of said birth, marriage or death, stating in case of a birth, the name of the street and number of the house, if any, where such parents resided, the place of birth of such parents and the maiden name of the mother, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording births, marriages and deaths. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the state board of health.

COPY OF THE RECORD OF A

DEATH.

recorded in the books of the City of Providence
(Town or City.)
during the month of April 1923

1. Date of Death..... April 3 1923 19.....
 2. Name in FULL David Gage Harris
 3. Date of Birth June 5 1872 Age 50 yrs 9 mos 29 dys
 4. Place of Death City or Town Providence
 5. St. or Road & No. Crown Hotel
 6. Usual Residence Washington Ave Winthrop Mass
 7. Sex Male Color White
 9.

| | | |
|---|---|----------------|
| { | Single, Married, } Widowed or Di- } vorced..... | <u>Married</u> |
|---|---|----------------|
 10. Name of Husband or Wife..... Frances S
 11. Occupation of decedent Dry Goods Salesman
 12. Place of Birth Nova Scotia
 13. Father's Name..... William Grestin Grover
 14. Mother's Name..... Grestin Grover
 15. Parents' Birthplace Fa Nova Scotia Nova Scotia
 16. Where to be Buried Oldtown Me
 17. Cause of Death Apparently Organic Disease of Heart ★
- Name of Physician..... C H Griffin
Name of Informant..... F S Harris, Wife
Name of Undertaker..... H E Knowles Sons
★ Found dead by his bed

I certify that the foregoing is a true copy.

Attest,

Charles V. Chapin
City Registrar

MAY 15 1923

(Town or City.)
Clerk.

April 3, 1923,

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Woburn
(City or town)

1 PLACE OF DEATH

County *Suffolk*

State *Mass*

Registered No. *02*

City or Town *Woburn*

No. *16 Pleasant St*

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Annie Jane Kennedy Ames

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *16 Pleasant*

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *16* years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Charles Ames

6 AGE

Years

Months

Days

If LESS than

87

23

13

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

England

(State or country)

9 NAME OF FATHER

William Kennedy

10 BIRTHPLACE OF FATHER (City)

England

(State or country)

11 MAIDEN NAME OF MOTHER

unable to obtain

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

C R Fenner

(Address)

Woburn - Mass

14

Filed

Apr 20 1923

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April 4 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 1 1923 to April 4 1923

that I last saw her alive on *April 3 1923*

and that death occurred, on the date stated above, at *11 a*.....m.

The CAUSE OF DEATH was as follows:

Carcinomas of the stomach and interstitial nephritis.

(duration)

14 yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

Unknown

(duration)

..... yrs.

mos.

ds.

17 Where was disease contracted

if not at place of death?

Did an operation precede death? *NO* Date of

Was there an autopsy? *NO*

What test confirmed diagnosis? *physical exam.*

(Signed) *D. J. Valchrojan, M.D.*

(Address) *5 Mohol St. Chelsea.*

Date *4. 6. 1923.*

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Gardner Cemetery Gardner

(Cemetery) *Maine*

(City or town)

DATE OF BURIAL

April 7-1923

19 UNDERTAKER

C R Fenner

ADDRESS

Woburn

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert S Smith

Official Secretary

Date of issue of permit

Apr 6, 1923

Permit

No. *564*

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite term for the same disease. Examples: *Cerebromeningitis*); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesites*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesites* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as *Lapse*, "Coma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Suffolk*City or Town *Truthrop*State *Mass.*No. *117*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.,

Ward

Registered No. *63**Wintthrop*
(City or town)

2 FULL NAME

(a) Residence. No. *24 Rockland.*

(Usual place of abode)

St.,

Ward. *Boston**Mass.*
(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Single*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or

mo.

6

If STILLBORN, enter that fact here

Aug 10 1942

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

none.

8 BIRTHPLACE (City)

(State or country)

*Boston
Mass*9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

*William Bissett**Brockton
Mass**Ruth Stewart**Scituate
Mass*

13

Informant

(Address)

*Ruth Bissett
24 Rockland St Boston*

14

Filed

(Month) (Day) (Year)

April 15 1923

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April

(Month)

4

(Day)

1923
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 3, 19*23*, to*April 4*, 19*23*

that I last saw him alive on

April 4, 19*23*

and that death occurred, on the date stated above, at

6:10

The CAUSE OF DEATH was as follows:

*Scorbutus*CONTRIBUTORY
(SECONDARY)*Rickets*

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

no Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

Dr. J. M. Murray
309 South St Boston
April 5 1923

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Benedict

(Cemetery)

Boston

(City or town)

4/6/1923

19 UNDERTAKER

ADDRESS

*J. M. Murray**51 Rockwell St
Boston*20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
position*Albert S. Smith*
*Secretary*Date of
issue
of permit*4/5/23*Permit
No.*62*

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

April 4, 1923

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

2
(City or town)
Registered No. 64

1 PLACE OF DEATH
County Suffolk State Mass
City or Town Northon No. 15 Revere St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J. Dromgoole
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 15 Revere St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A.
6 AGE Years 49 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED Clerk.
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Ireland.
(State or country)

9 NAME OF FATHER Peter

10 BIRTHPLACE OF FATHER (City) Ireland.
(State or country)

11 MAIDEN NAME OF MOTHER Sarah Delaney.

12 BIRTHPLACE OF MOTHER (City) Ireland.
(State or country)

13 Informant Mr. J. Dromgoole
(Address) 15 Revere St. Northon

14 Filed April 7 1923
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 5 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 31, 1923, to April 5, 1923.
that I last saw him alive on April 4, 1923
and that death occurred, on the date stated above, at 12:10 A.M.
The CAUSE OF DEATH was as follows:

Tuberculosis
(duration) _____ yrs. _____ mos. _____ ds. 7

CONTRIBUTORY Myocarditis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?
(Signed) C. M. Mahoney M.D.
(Address) 363 South St. Boston
Date April 5 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Calumet Boston
(Cemetery) (City or town) DATE OF BURIAL April 7/23

19 UNDERTAKER John J. O'Malley ADDRESS Northon

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert J. Smith Official position Secretary Date of issue 7/6/23 Permit No. 6463

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not eventually employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gaseritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

19, 113
Winthrop
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Mass Registered No. 65
City or Town Winthrop No. 71 Tremont St., Ward

2 FULL NAME

Norton Woodbridge Phillips
(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence. No. 71 Tremont St., Ward. (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5a If married, widowed, or divorced HUSBAND of Annie Phillips (or) WIFE of

6 AGE Years 60 Months 9 Days 11 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired
(b) Name of employer

8 BIRTHPLACE (City)

Boston Mass
(State or country)

9 NAME OF FATHER

Norton W. Phillips

10 BIRTHPLACE OF FATHER (City)

unable to obtain
(State or country)

11 MAIDEN NAME OF MOTHER

" " "

12 BIRTHPLACE OF MOTHER (City)

" " "
(State or country)

13 Informant

Annie (wife) Phillips
(Address) 71 Tremont St. Winthrop

14 Filed

Apr 21 1923
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 9 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Syncope incidental to Cardio-vascular disease.

(Sudden death)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Key. Eugene Reynolds M.D.
(Address)

Medical Examiner for Suffolk

Date April 10 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Forest Hill Boston
(Cemetery) (City or town)

DATE OF BURIAL

4/11-1923
(Month) (Day) (Year)

19 UNDERTAKER

C.R. Bennett

ADDRESS

Winthrop

20 Burial permit issued by Albert S. Smith

Official position Secretary

21 Date of issue 4/11/23

Permit No. 566

MARGIN RESERVED FOR BINDING

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Norton, Woodbridge Phillips
 April 9, 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County **Suffolk** State **Massachusetts** Registered No.
City or Town **Boston** No. **433 Winthrop** St., Ward

2 FULL NAME **Baby Belsky**
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. **433 Winthrop** St., Ward
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **white** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**
(write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of
6 AGE **7** Years **7** Months **X** Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here **Stillborn**

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) **Winthrop, Mass.**
(State or country)

9 NAME OF FATHER **Max Belsky**
10 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)
11 MAIDEN NAME OF MOTHER **Lena Pearlman**
12 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)

13 Informant **M. Belsky**
(Address) **433 Winthrop St.**

14 Filed **Apr. 15 1923**
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. **Albert S. Smith**

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **April 9 1923**
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **April 9**, 19**23**, to **April 9**, 19**23**.
that I last saw her **alive** on **April 9**, 19**23**,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows:

Still born baby
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? **FOR WHAT?**

Did an operation precede death? **NO** Date of

Was there an autopsy? **NO**
What test confirmed diagnosis?
(Signed) **E. J. MacDonald, M.D.**
(Address) **26 Lafayette St. East Boston**
Date **April 9 1923**
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Joseph's Cemetery** DATE OF BURIAL **April 9 1923**
(City or town)

19 UNDERTAKER **Stavetsky** ADDRESS **Boston**
Name (Signature) **Stavetsky** City **Boston**
Official position **Secretary** Date of issue of permit **4/8/23** Permit No. **565**

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PARENTS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive Engineer, Civil Engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., etc., etc., etc.,* (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphænia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phibbitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until a satisfactory certificate shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . . The shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)
Registered No. 67

1 PLACE OF DEATH
County Suffolk State Mass.
City or Town Winthrop No. 382 Revere St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ethel A. Swin
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 382 Revere St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word). Married
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick C. Swin
6 DATE OF BIRTH June 16 1889
(Month) (Day) (Year)
7 AGE Years Months Days If LESS than 1 day, hrs. or min.
33 9 26
If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. At Home
(b) Name of employer

9 BIRTHPLACE (City) Santiago
(State or country) Cuba

10 NAME OF FATHER Windfield Scott

11 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Caroline Dentlin

13 BIRTHPLACE OF MOTHER (City) Wareham
(State or country) Mass.

14 Informant Frederick C. Swin
(Address) 382 Revere St. Winthrop

15 Filed Apr. 21 1923
(Month) (Day) (Year)
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 11 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1923, to April 11, 1923, that I last saw her alive on April 11, 1923, and that death occurred, on the date stated above, at 11.00 A.M.
The CAUSE OF DEATH was as follows:

Carbuncle of face

CONTRIBUTORY (SECONDARY) Baccho pneumonia
(duration) _____ yrs. _____ mos. 7 ds.

18 Where was disease contracted if not at place of death? _____
(duration) _____ yrs. _____ mos. 2 ds.

Did an operation precede death? No Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) Harold Muegraw, M.D.
(Address) 639 Beach St
Date April 11 1923 Revere
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop DATE OF BURIAL April 11 1923
(Cemetery) (City or town) ADDRESS

20 UNDERTAKER Frank E. Brown East Boston

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith
Official position Secretary
Date of issue of permit Apr. 13 1923 No. 667
9. 50,000. Q. B. 9.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

April 11, 1928 B

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Stationer*, (b) *Collon mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "I do not know," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia," (merely asymptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 29, Sec. 36.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 5.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
 City or Town **Boston** No. **CITY HOSPT.**
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **4120**
 (Place of death)
 Registered No. **65**
 (Place of residence)
 St., Ward

2 FULL NAME

LEO O'DONOGHUE

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **20 COTTAGE AVE.** St. **St.**
 (Usual place of abode) (If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **PRAEDA**

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
33

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **SHIP FITTER**
 (b) Name of employer **U.S.N.**

8 BIRTHPLACE (city or town) **BOSTON**
 (State or country)

9 NAME OF FATHER **JOHN F.**

10 BIRTHPLACE OF FATHER (city or town) **LOWELL**
 (State or country)

11 MAIDEN NAME OF MOTHER **JANE HORGAN**

12 BIRTHPLACE OF MOTHER (city or town) **IRELAND**
 (State or country)

13 Informant **WIFE**
 (Address)

14 Filed **APR. 13** 1923 **E. W. McEneaney** Registrar of city or town where death occurred
 Filed **May 1** 1923 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **APR. 11** 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **MAR. 26**, 19**23**, to **APR. 11**, 1923

that I last saw him alive on **APR. 11**, 1923, and that death occurred, on the date stated above, at **11.15 A.M.**
 The CAUSE OF DEATH was as follows:

EMPHYEMA

CONTRIBUTORY **SEPTICAEMIA**
 (SECONDARY) (duration) yrs. mos. **21** ds.
 (duration) yrs. mos. **7** ds.

17 Where was disease contracted if not at place of death?
 Did an operation precede death? Date of
 Was there an autopsy?
 What test confirmed diagnosis?
 (Signed) **F. S. BRODERICK**, M.D.
 19 (Address) **APR. 11**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **MALDEN (HOLY CROSS)** DATE OF BURIAL **APR. 14** 1923

19 UNDERTAKER **P. J. MCARDLE** ADDRESS

N. B. WHITE PLAIN, WITH OUTFACING INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, *e. g.*, *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonias"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *99 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Danvers
(City or town)

1 PLACE OF DEATH
 County Essex State Danvers State Hospital
 City or Town Danvers No. William H. Perry St. Ward
 (If in the Army or Navy of the United States, give its NAME instead of street and number)

2 FULL NAME
 (a) Residence. State Mass. City or Town Winthrop No. St.
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 years 7 months days. How long in U. S., if of foreign birth? years months days

Registered No.
(Place of death)
Registered No. 69
(Place of residence)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
 4 COLOR OR RACE white
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (Use the word)

5a If married, widowed, or divorced Married
 HUSBAND of Terry
 (or) WIFE of Alice Terry

6 AGE 57 Years Months Days
 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work laborer
 (b) Name of employer

8 BIRTHPLACE (city or town) New York
 (State or country) N.Y.

9 NAME OF FATHER Horace B. Terry

10 BIRTHPLACE OF FATHER (city or town) New York
 (State or country) N.Y.

11 MAIDEN NAME OF MOTHER Nathilda Terry

12 BIRTHPLACE OF MOTHER (city or town) Cannot be learned
 (State or country)

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 12, 1923.
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 5, 1923, to April 12, 1923, that I last saw him alive on April 12, 1923, and that death occurred, on the date stated above, at 3:40 a. m. The CAUSE OF DEATH was as follows:
General paralysis

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
 Did an operation precede death? no Date of
 Was there an autopsy? yes
 What test confirmed diagnosis? autopsy
 (Signed) Guy C. Randall, M.D.
4/16/23 (Address) Hathorne, Mass.

13 Informant Custis Rock
 (Address) Hathorne, Mass.

14 Filed 4/18/23, 19
 Registrar of city or town where death occurred
 Filed May 14, 1923
 Registrar of city or town where deceased resided

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Winthrop DATE OF BURIAL 4/15/23

19 UNDERTAKER C. R. Bennison ADDRESS Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelicate); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Congenital lapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereunto furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
 City or Town **Boston** No. **PALMER MEM. HOSP.** St. **Ward**
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **4211**
 (Place of death)
 Registered No. **70**
 (Place of residence)

2 FULL NAME **HENRY C. TEWKSBURY**
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. State **MASS.** City or Town **WINTHROP** No. **205 PLEASANT** St. **St.**
 Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WID.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **HANNAH WHALES**

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
81 **9** **9**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **AT HOME**
 (b) Name of employer

8 BIRTHPLACE (city or town) **WINTHROP**
 (State or country)

9 NAME OF FATHER **MARTIN W.**

10 BIRTHPLACE OF FATHER (city or town) **WINTHROP**
 (State or country)

11 MAIDEN NAME OF MOTHER **ADALINE TEWKSBURY**

12 BIRTHPLACE OF MOTHER (city or town) **WINTHROP**
 (State or country)

13 Informant **PALMER MEM. HOSP.**
 (Address)

14 Filed **APR. 17** 19 **23** **E. W. McEneaney**
 Registrar of city or town where death occurred
 Filed **1923** 19 **23**
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **APR. 13** 19**23**
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **MAR. 21**, 19 **23**, to **APR. 13**, 19 **23**, that I last saw him alive on **APR. 13**, 19 **23**, and that death occurred, on the date stated above, at **9.45P. m.** The CAUSE OF DEATH was as follows:

TABES DORSALIS

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
 (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **WM. E. BARNES**, M.D.
 19 (Address) -----

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **EVERETT (WOODLAWN)** DATE OF BURIAL **APR. 15** 19 **23**

19 UNDERTAKER **J. S. WATERMAN & SONS** ADDRESS

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less desirable; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. When a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumony"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

N.B. - WRITE PLAINLY, WITH UNFAADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
 County Suffolk State Mass Registered No. 71
 City or Town Winthrop No. Community Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hattie L. Morrison
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 462 Shirley St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Morrison

| | | | | |
|-------|-----------|----------|----------|----------------------------------|
| 6 AGE | Years | Months | Days | If LESS than 1 day, hrs. or mio. |
| | <u>60</u> | <u>3</u> | <u>7</u> | |

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home
 (b) Name of employer

8 BIRTHPLACE (City) Charlestown
 (State or country) Mass

9 NAME OF FATHER Thomas Reilly

10 BIRTHPLACE OF FATHER (City) Unknown
 (State or country)

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City) Unknown
 (State or country)

13 Informant Arthur W. Morrison
 (Address) 462 Shirley St Winthrop

14 Filed Apr 21 1923
 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert J. Smyth

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 16, 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 7, 1923, to April 16, 1923, that I last saw her alive on April 16, 1923, and that death occurred, on the date stated above, at 1:30 P m. The CAUSE OF DEATH was as follows:

Acute Intestinal Nephritis
Acute Myocarditis

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. 14 ds.

17 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis: Renal Examination
 (Signed) Raymond B Parker, M.D.
 (Address) Winthrop Mass
 Date April 16, 1923
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop DATE OF BURIAL April 18-23
 (Cemetery) (City or town)

19 UNDERTAKER Frank E. Brown ADDRESS East Boston

Official position Secretary Date of issue of permit 4/17/23 Permit No. 568

APRIL 16, 1925
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *Al home*, and children, not gainfully employed, as *A school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia?"; *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia;" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebeitis, dysentia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 89, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 89, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

Suffolk

Waltham notified

State

Mass.

Registered No.

72

City or Town

Winthrop

No.

97 Beach Rd

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Emma E. Patten

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

161 Fish St Waltham

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

14 days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Benjamin F. Patten

6 DATE OF BIRTH

Aug 28 1859

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

63

7

19

1 day,.....hrs.
ormin.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) Name of employer

9 BIRTHPLACE (City)

Roxbury Mass

(State or country)

10 NAME OF
FATHER

Cornelius Mc Elroy

11 BIRTHPLACE OF
FATHER (City)

Roxbury Mass

(State or country)

12 MAIDEN NAME
OF MOTHER

Ann Crowley

13 BIRTHPLACE OF
MOTHER (City)

Roxbury Mass

(State or country)

14 Informant

Mrs Dingwell

(Address)

97 Beach Rd Winthrop

15

Filed

Mar 21 1923

(Month)

(Day)

(Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Albert J. Smith

Official
position

Secretary

Date of
issue
of permit

4/17/23

Permit

No. 569

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr.

16

1923

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

A.M.

Apr. 16

1923

to

Apr. 16

1923

that I last saw her alive on

Apr. 16

1923

and that death occurred, on the date stated above, at 10.30 P. M.

The CAUSE OF DEATH was as follows:

Typhemia

(duration) yrs..... mos. 1 ds.

CONTRIBUTORY Chronic Valvular disease

(SECONDARY)

(duration) ? yrs..... mos..... ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed)

Edward J. Grainger

M.D.

(Address) 75 Wm St.

Date

Apr. 17

1923

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt Feake Waltham

(Cemetery)

(City or town)

DATE OF BURIAL

April 19 1923

20 UNDERTAKER

Frank E. Brown East Boston

ADDRESS

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

April 16, 1928

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*. (b) *Cotton mill*. (c) *Salesman*. (d) *Grocery*: (a) *Foreman*. (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer" "Foreman" "Manager" "Dealer" etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dyspheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, as they give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or Town) Suffolk State Mass Registered No. 73
 County Winthrop No. 254 Pleasant St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hannah A. Floyd
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 254 Pleasant St. Ward
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Capt. William B. Floyd

6 DATE OF BIRTH July 22 1830
 (Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
92 8 27

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At Home
 (b) Name of employer

9 BIRTHPLACE (City) Malden (State or country) Mass

10 NAME OF FATHER Benjamin Nelson

11 BIRTHPLACE OF FATHER (City) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Hannah Howard

13 BIRTHPLACE OF MOTHER (City) Unknown (State or country)

14 Informant Herbert W. Floyd (Address) 254 Pleasant St

15 Filed Apr 21 1923 (Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 18 1923
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March, 1923, to Apr 18, 1923, that I last saw her alive on Apr 18, 1923, and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH was as follows:

Senility

(duration) yrs. mos. ds.
 CONTRIBUTORY Hypertensive Pneumonia
 (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Tracy J. Trone M.D.

(Address) 218 Main & Winthrop

Date Apr 19 1923
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Winthrop DATE OF BURIAL April 19 23
 (Cemetery) (City or town)

20 UNDERTAKER Frank E. Brown ADDRESS East Boston

Official position Secretary Date of issue of permit 4/20/23 No. 571

N. B. - WHITE FRAME, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

April 18, 1923

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Servant*, (b) *Coal mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Act of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 29, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. (City or town) _____
City or Town Wintthrop No. 83 Cottage Ave Registered No. 74
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie H. Ripley
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 83 Cottage Ave St. _____ Ward Wintthrop
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Ripley

6 AGE Years 58 Months - Days - If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work at home
(b) Name of employer _____

8 BIRTHPLACE (City) Boston
(State or country) Mass

9 NAME OF FATHER Charles Lewis

10 BIRTHPLACE OF FATHER (City) _____
(State or country) unknown

11 MAIDEN NAME OF MOTHER Hannah Lison

12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

13 Informant Phillips H. Ripley
(Address) 83 Cottage Ave

14 Filed Apr 21 1923
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. S.A. Mowry

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Apr 20 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Apr 16, 1923, to Apr 20, 1923, that I last saw him alive on Apr 20, 1923, and that death occurred, on the date stated above, at 8 a.m.
The CAUSE OF DEATH was as follows:
Septicemia from Vincent's angina

(duration) _____ yrs. _____ mos. 8 ds.
CONTRIBUTORY Acute Cardiac Metastasis
(SECONDARY) (duration) few hours mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no

What test confirmed diagnosis? Smear neg for Cryptococcus
(Signed) Richard Dymally, M.D.
(Address) 114 Pleasant St.
Date Apr 20 1923 Wintthrop Mass
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Mr. Auburn Cant.
(Cemetery) (City or town) April 22, 23

19 UNDERTAKER F. J. Crosby
ADDRESS 12 Haren St - Boston

Official position Health Officer Date of issue of permit Apr 20-23 Permit No. 570

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

April 20, 1928

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, *e. g.*, *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil Engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Calon mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *99 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely synonymic), "Atrophy," "Semile," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 47.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

mass

Registered No.

75

City or Town

*Winthrop*No. *40 Cottage Park Rd*

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Selina Chase Washburn

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

40 Cottage Park Rd

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

*white*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*single*

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

if LESS than

1 day,.....hrs.

or.....min.

*July 4.**87**8**16*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.*at home*

(b) Name of employer

8 BIRTHPLACE (City)

Suomsett

(State or country)

*mass.*9 NAME OF
FATHER*Cyrus Washburn*10 BIRTHPLACE OF
FATHER (City)*Salem*

(State or country)

*mass.*11 MAIDEN NAME
OF MOTHER*Mary Phelps*12 BIRTHPLACE OF
MOTHER (City)*Suomsett*

(State or country)

mass.

13

Informant

Nellie M Soughton

(Address)

40 Cottage Park Rd

14

Filed

May 4, 1923
(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. A. Mowry

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April
(Month)*20*
(Day)*1923*
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan, 19*23*, to *Apr 19*, 19*23*.

that I last saw her alive on

Apr 19, 19*23*.and that death occurred, on the date stated above, at *10 A* m.

The CAUSE OF DEATH was as follows:

Senility

(duration)

yrs.

mos

ds.

CONTRIBUTORY
(SECONDARY)*Proximate*

(duration)

yrs.

mos

14 ds.17 Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

Tracy G Brown, M.D.

(Address)

218 Main St

Date

April 20, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Pine Grove
(Cemetery)*Lynn*
(City or town)

DATE OF BURIAL

April 22, 1923

19 UNDERTAKER

L R Bunnison

ADDRESS

*Winthrop*Official
position,*Health Officer*Date of
issue*4/21/23*Permit
No.*572*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, *e. g.*, *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Greenery*; (d) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of his household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestive," "Sedle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. . . . If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 89, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 89, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 4466 Registered No. 1466
(Place of death) (Place of residence)
City or Town Boston No. CHILDRENS HOSPT. St. 76 Ward 76
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

RICHARD S ALPERIN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. MASS. WINTHROP St. Ward. 44 TRIDENT AVE.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min. 2

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) WINTHROP
(State or country)

9 NAME OF FATHER MICHAEL ALPERIN

10 BIRTHPLACE OF FATHER (city or town) BOSTON
(State or country)

11 MAIDEN NAME OF MOTHER KATIE DAVIS

12 BIRTHPLACE OF MOTHER (city or town) BOSTON
(State or country)

13 Informant A. ALPERT

(Address)

14 Filed APR. 24, 1923

E. W. McGlenen
Registrar of city or town where death occurred

Filed 11/14/19, 1923

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH APR. 20 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

SYNCOPE WHILE UNDER INFLUENCE OF ETHER, ADMINISTERED AS SURGICAL ANAESTHETIC (TONSILLECTOMY) PERSISTENT THYMUS GLAND, 58 GRAMS DISCLOSED BY AUTOPSY

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) GEORGE BURGESS MAGRATH, M.D.

(Address) BOSTON, MASS.

Medical Examiner for SUFFOLK CO.

Date APR. 21, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

NETHERLAND CEM.

DATE OF BURIAL

APR. 22 1923
(Month) (Day) (Year)

19 UNDERTAKER

MEYER SOLOMON

ADDRESS

20 Burial permit issued by

Official position

21 Date of issue

192

should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

PARENTS

EXTRACTS

**FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS**

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

DESCRIPTION (for unknown person)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

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.)"

April 20, 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

Suffolk
Wendham

State

Mass

Registered No.

(City or town)

77

No.

219 Lincoln St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Adaline Geneva Campbell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

219 Lincoln

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

4 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Albin R. Campbell

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

69

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at Home

(b) Name of employer

8 BIRTHPLACE (City)

Albany
N. Y.

(State or country)

9 NAME OF
FATHER

Carl F. Grand

10 BIRTHPLACE OF
FATHER (City)

Germany

(State or country)

11 MAIDEN NAME
OF MOTHERAugustine Amelia
Kittinger12 BIRTHPLACE OF
MOTHER (City)

Germany

(State or country)

13

Informant

Walter C. Campbell

(Address)

219 Lincoln St. Wendham

14

Filed

April 24, 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Albert S. Smith

Official
position

Secretary

Date of
issue of permit

4/24/23

Permit

No. 574

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April 21, 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 17, 1922, to April 21, 1923

that I last saw him alive on April 21, 1923

and that death occurred, on the date stated above, at 5:30 P. M.

The CAUSE OF DEATH was as follows:

Senescence
Intercranial pressure

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Atherosclerosis

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray & Clinical

(Signed)

C. E. Johnson, M.D.

Date

April 24, 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wendham - Wendham
(Cemetery) (City or town)

DATE OF BURIAL

April 24, 1923

19 UNDERTAKER

C. R. Benjamin

ADDRESS

Wendham

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

April 21, 1923

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Formery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report more symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died! . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Suffolk*State *Mass*

(City or town)

Registered No. *78*City or Town *Winthrop*No. *117 Revere*

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Mary M. Roberts*

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *117 Revere*

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Single*

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or mo.

4

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*None*

(b) Name of employer

8 BIRTHPLACE (City)

Medford

(State or country)

*Mass*9 NAME OF
FATHER*Thomas Roberts*10 BIRTHPLACE OF
FATHER (City)*Don't know*

(State or country)

11 MAIDEN NAME
OF MOTHER*Margaret Field*12 BIRTHPLACE OF
MOTHER (City)*Co. Cork*

(State or country)

Island

13 Informant

(Address)

Margaret Field (Mother)
117 Revere St Winthrop

14 Filed

May 4 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.*Albert S. Smith*
9-2

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April
Month*24*
(Day)*1923*
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19 *One week April 22, 1923*,that I last saw her alive on *April 22*, 19*23*,and that death occurred, on the date stated above, at *9:30 P* m.

The CAUSE OF DEATH was as follows:

Malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *H. J. Sorel* M.D.(Address) *180 Winthrop St Winthrop Mass*Date *April* *23* *1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Oak Grove
(Cemetery)*Medford*
(City or town)

DATE OF BURIAL

4/24/23

19 UNDERTAKER

Edward J. Gaffey & Son *Medford*

ADDRESS

Official
position*Secretary*
*H. J.*Date of
issue
of permit*4/23/23*Permit
No.*572*

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Cart engineer*, *Stationary steam*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *92 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

13,151
Waltham
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Mass Registered No. 79
City or Town Waltham No. 10 Sagamore Ave. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Aris M. Hanson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Waltham, 10 Sagamore Ave. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 years months days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the words) married

5a If married, widowed, or divorced HUSBAND (or) WIFE of William S Hanson

6 AGE Years 52 Months 2 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) Name of employer _____

8 BIRTHPLACE (City) Portland
(State or country) Maine

9 NAME OF FATHER Joseph Parker

10 BIRTHPLACE OF FATHER (City) Portland
(State or country) me.

11 MAIDEN NAME OF MOTHER Julia Hicks

12 BIRTHPLACE OF MOTHER (City) Portland
(State or country) me

13 Informant Husband (Wm. S. Hanson)
(Address) 50 Sagamore Ave

14 Filed May 4 1923
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by S. A. Mowry

Official position Heath Alpin

21 Date of issue 4/27-23

Permit No. 575

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 25 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Poisoning by illuminating gas, suicidal.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) Very Hanger Angwin, M.D.
(Address) _____

Medical Examiner for Suffolk
Date April 25 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Waltham // Waltham
(Cemetery) (City or town) DATE OF BURIAL 4/27-23
(Month) (Day) (Year)

19 UNDERTAKER C R Bennett ADDRESS Waltham

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVED FOR BINDING

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

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.....
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.....
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.....
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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Davis M. Hammond
 April 25, 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *80*
City or Town *Winthrop* No. *126, Cottage Park Road* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Orlando Fuller Belcher*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *126 Cottage Park Rd* Ward.
(Usual place of abode)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5a If married, widowed, or divorced HUSBAND of *Lizzie D. Belcher* WIFE of
6 AGE Years *78* Months *6* Days *14* If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Real Estate*
(b) Name of employer

8 BIRTHPLACE (City) *Winthrop Mass*
(State or country)

9 NAME OF FATHER *William Belcher*
10 BIRTHPLACE OF FATHER (City) *unable to obtain*
(State or country)
11 MAIDEN NAME OF MOTHER *Está Belcher*
12 BIRTHPLACE OF MOTHER (City) *Revere Mass*
(State or country)

13 Informant *Lizzie D. Belcher*
(Address) *126 Cottage Park Rd*

14 Filed *Winthrop Mass Rd*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *L. Brown*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *4* *28* *23*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *7/20*, 19*23*, to *4/28*, 19*23*, that I last saw him alive on *4/28*, 19*23*, and that death occurred, on the date stated above, at *8 P.* m. The CAUSE OF DEATH was as follows:

Pyelo-Nephritis

(duration) yrs. mos. ds.
CONTRIBUTORY *Liphosafy*
(SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? *—*

Did an operation precede death? *yes* Date of *4/10/23*

Was there an autopsy? *no*

What test confirmed diagnosis?
(Signed) *Harvey Ately*, M.D.
(Address) *200 Pleasant St W*
Date *4* *30* *23*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Winthrop* *Winthrop*
(Cemetery) (City or town) DATE OF BURIAL *May 1st 23*

19 UNDERTAKER *C.R. Dennis* ADDRESS *Winthrop*

Official position *Health Officer* Date of issue of permit *5/1/23* Permit No. *75*

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Coal-miner, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *A school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Colic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neurosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH

County

Suffolk
Waltham

State

Mass

Registered No.

81

City or Town

No.

Waltham Community - Waltham

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Eleanor Helena Scott

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

145 Somerset - Con St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

5

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND or
(or) WIFE of

George E. Scott

6 AGE

Years

Months

Days

If LESS than

57

4

9

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at Home

(b) Name of employer

8 BIRTHPLACE (City)

Quebec

(State or country)

9 NAME OF
FATHER

John O. Oslor

10 BIRTHPLACE OF
FATHER (City)

Quebec

(State or country)

10 Ottawa

11 MAIDEN NAME
OF MOTHER

Annette 15

12 BIRTHPLACE OF
MOTHER (City)

Ottawa

(State or country)

13

Informant
(Address)George E. Scott
145 Somerset - Con

14

Filed

May 4, 1923
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Apr. 29, 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Apr. 28, 1923, to Apr. 29, 1923,

that I last saw her alive on Apr. 29, 1923,

and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH was as follows:

Uremia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(SECONDARY)

Chronic Endocarditis

(duration) yrs. ? mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? NU

(Signed) Edward J. Fraenger, M.D.

(Address)

7 Irving St.

Date

May 1, 1923.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Waltham
(Cemetery)Waltham
(City or town)

DATE OF BURIAL

May 2 - 1923

19 UNDERTAKER

C.R. Bennett

ADDRESS

Waltham

20

I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued.S.A. Mowry
1450Official
position.

Health Officer

Date of
issue
of permit

May 2, 1923, No. 577.

Permit
No.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

April 29, 1920

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indistinct); *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Meningis*; *Whooping cough, Chronic tubular heart disease, Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningis* (disease causing death), 89 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" "Congenital," "Sonic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died? . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 98, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

BOSTON

(City or town)

STANDARD CERTIFICATE OF DEATH

Registered No. 4796
(Place of death)
Registered No. 82
(Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or Town Boston No. HOME FOR AGED WOMEN St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

GEORGIANA I. WATSON

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 243 WINTHROP St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
76 26

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work NONE
(b) Name of employer

8 BIRTHPLACE (city or town) LOWELL

(State or country)

9 NAME OF FATHER SHEPARD WATSON

10 BIRTHPLACE OF FATHER (city or town) FAYETTE ME.
(State or country)

11 MAIDEN NAME OF MOTHER EMELINE TREAT

12 BIRTHPLACE OF MOTHER (city or town) NEWBURYPORT
(State or country)

13 Informant MATRON
(Address)

14 Filed MAY 3, 1923 EWM Glenen
Registrar of city or town where death occurred

Filed May 10, 1923
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH APR 29 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from MAR. 1, 1923, to APR. 29, 1923, that I last saw her alive on APR. 29, 1923, and that death occurred, on the date stated above, at 1 P. m. The CAUSE OF DEATH was as follows:

MYOCARDITIS

(duration) 2 yrs. mos. ds.

CONTRIBUTORY ARTERIO-SCLEROSIS
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
(Signed) JOHN L. AVES, M.D.
, 19 (Address) APR 29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

LOWELL

DATE OF BURIAL

MAY 1 1923

19 UNDERTAKER

F. L. BRIGGS

ADDRESS

302
Every item of information should be
carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms,
so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back
of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report officially the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or even up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "umor," for malignant neoplasms); *Measles*; *If whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestional," "Colic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 53, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 53, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

302
 N. B. - WHITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts

Registered No. 5759
 (Place of death)

City or Town Boston No. MASS. GEN. HOSPT. St. Ward

Registered No. 129
 (Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY JANE MORGAN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS City or Town WINTHROP No. 26 MARSHALL St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of THOMAS

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
68

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work HOUSEWIFE
 (b) Name of employer

8 BIRTHPLACE (city or town) ENGLAND
 (State or country)

9 NAME OF FATHER DAVID HUGHES

10 BIRTHPLACE OF FATHER (city or town) ENGLAND
 (State or country)

11 MAIDEN NAME OF MOTHER MARY MADDOX

12 BIRTHPLACE OF MOTHER (city or town) ENGLAND
 (State or country)

13 Informant HUSBAND
 (Address)

14 Filed JUN. 5 1933 E. W. M. Glenent
 Registrar of city or town where death occurred
 Filed 1933 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JUNE 2 1933
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from MAY 31 1933, to JUNE 2 1933, that I last saw h. ER. alive on JUNE 2 1933, and that death occurred, on the date stated above, at 7.15A m. The CAUSE OF DEATH was as follows:

CHOLECYSTITIS

CONTRIBUTORY ACUTE PANCREATITIS
 (SECONDARY)

17 Where was disease contracted if not at place of death?
 Did an operation precede death? YES Date of MAY 31

Was there an autopsy?
 What test confirmed diagnosis?
 (Signed) G. A. MAC IVER, M.D.
 19 (Address) JUN. 2

18 PLACE OF BURIAL, CREMATION, OR REMOVAL WINTHROP (WINTHROP CEM) DATE OF BURIAL JUN. 4 1933

19 UNDERTAKER C. R. BENNISON ADDRESS WINTHROP

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. Birth may (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal hold only* (not paid *Housekeeper*, who receive a definite salary), may be employed, as *At school* or *At home*. Care should be taken to report officially the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *pericereum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asbemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until these shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Winthrop
BOSTON

No.

26 Canal Ave St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Abraham Phillips

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

26 Canal Ave St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

2 years

months

days

How long in U. S., if of foreign birth?

17 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Jennie

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

70

Years

Months

Days

If LESS than

If STILLBORN, enter that fact here

1 day.....hrs.

If STILLBORN, state period of utero gestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.....
(b) General nature of industry,
business, or establishment in
which employed (or employer).....
(c) Name of employer

Retired

9 BIRTHPLACE (City)

Russia

(State or country)

10 NAME OF
FATHER

Rubin Phillips

P
A
R
E
N
T
S11 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

12 MAIDEN NAME
OF MOTHERLearned
Rose cannot be13 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

14

Informant
(Address)Jennie Phillips
26 Canal Ave

15

Filed

June 22, 1923

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedS. C. Maury
J.H.P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June

3

1923

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

April 15, 1923, to June 3, 1923,

that I last saw him alive on June 3, 1923,

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease
Chronic Interstitial Nephritis

(duration) 1 yrs. + mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

at home

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis?

Personal Observation

(Signed)

R. B. Parker

, M.D.

(Address)

Winthrop, Mass

Date

June

4

1923

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cemetery)

Okefenokee
Woburn

(City or town)

June 4 1923

20 UNDERTAKER

ADDRESS

Jacob Stanetsky Boston

Official
position

Health Officer

Date of
issue

6/4/23

Permit

No. 592

June 3, 1923

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer*—*Coal hold only* (not paid *Housewife*, *Housekeeper*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Branchiopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Menses*; *Wandering cathexis*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesias* (disease causing death), 29 ds.; *Branchiopneumonia* (secondary), "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Pre-natal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give cause of the following diseases, without explanation, as the sole cause of death: Abortion, eclampsia, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 1, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement con-taining the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the at-tending physician, if any, as required by law, or in lieu thereof a certifi-cate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the per-mit is so given and the physician who certifies to the cause of death shall can the better furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, upon the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is made.
- (3) Medical examiners will investigate and certify to all deaths sup-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.

7-301
 N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
 (City or town)

1 PLACE OF DEATH
 County *Suffolk* State *Mass*
 City or Town *Wintthrop* No. *Hopkins* St. *Ward*
 (If death occurred in a hospital or institution, give its NAME, street and number)

2 FULL NAME *Gertrude Alena Keough*
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *78 Waldama* St. *Ward*
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*
 4 COLOR OR RACE *White*
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years *7* Months *7* Days *4* If LESS than 1 day, hrs. or min. _____

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) Name of employer _____

8 BIRTHPLACE (City) *Wintthrop*
 (State or country) *Mass*

9 NAME OF FATHER *Henry Edward Keough*

10 BIRTHPLACE OF FATHER (City) *Chelsea*
 (State or country) *Mass*

11 MAIDEN NAME OF MOTHER *Gene Ethel Perkins*

12 BIRTHPLACE OF MOTHER (City) *Chelsea*
 (State or country) *Mass*

13 Informant *Henry E. Keough*
 (Address) *78 Waldemar Ave*

14 Filed *June 27, 1923*
 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *S. A. Maury*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *June 5 1923*
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *June 2, 1923*, to *June 5, 1923*, that I last saw her alive on *June 5, 1923*, and that death occurred, on the date stated above, at *6 P.* m. The CAUSE OF DEATH was as follows:
Congenital Hydrocephalus

(duration) yrs. mos. *4* ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? *no* Date of _____

Was there an autopsy? *yes*

What test confirmed diagnosis? _____
 (Signed) *L. A. Johnson*, M.D.
 (Address) *99 Everett Mass*
 Date *June 7 1923*
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wintthrop, Wintthrop*
 (Cemetery) (City or town)

DATE OF BURIAL *June 8, 1923*

19 UNDERTAKER *Charles P. Bemisou*
 (Address) *147 Wintthrop St., Wintthrop*

Official position *Health Office* Date of issue of permit *6. 8. 23* Permit No. *574*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* or *Al home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges: Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meningitis* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. When a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town)
County: Suffolk State: Mass Registered No.
City or Town: Winthrop No. 431 Winthrop St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Horace E. Butler
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 431 Winthrop St., Ward,
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a If married, widowed, or divorced HUSBAND of (or) WIFE of
6 AGE Years Months Days If LESS than 1 day, hrs. or min.
3 4 6
If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer
8 BIRTHPLACE (City) Winthrop
(State or country)

9 NAME OF FATHER Raymond W.
10 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass
11 MAIDEN NAME OF MOTHER Stellie E. Sheerin
12 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass

13 Informant Raymond W. Butler
(Address) 431 Winthrop St

14 Filed June 22 1923
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued S. A. Mowen

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 6 1923
Month (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 2, 1923, to June 6, 1923,
(that I last saw him alive on June 5, 1923
and that death occurred, on the date stated above, at 5A m.
The CAUSE OF DEATH was as follows:

Diphtheria

(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) C. Mahoney M.D.
(Address) 356 Winthrop St
Date June 6 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden
(Cemetery) (City or town) DATE OF BURIAL June 7/23

19 UNDERTAKER John F. O'Maley ADDRESS Winthrop
Official position Health Officer Date of issue of permit 6 7 23 Permit No. 593

WHILE PLAINLY, WITH UNWRITING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Coal miner, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Concidental," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify** to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians will certify** to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners will investigate** and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 33)

County Suffolk State _____ Registered No. _____

City or Town Wintthrop No. 229 Washington Ave. St. _____ Ward _____
If death occurred in a hospital or institution, give its NAME instead of street and number

2 FULL NAME

Walter J. Dolan
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Wintthrop, 229 Wash Ave. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

15 DATE OF DEATH June 8 1923
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen S. Sinnott

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

6 AGE Years 37 Months 8 Days _____ If LESS than I day, _____ hrs. or _____ min.

Natural Causes:
Presumably, Cardio-
vascular disorder

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Provision dealer
(b) Name of employer _____

(Sudden death)

8 BIRTHPLACE (City) Boston
(State or country) Mass

(See reverse side for description for unknown person)

9 NAME OF FATHER John Dolan

17 Where was injury sustained if not at place of death? _____

10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

(Signed) Leg. Benjamin Magnoth M.D.
(Address) _____

11 MAIDEN NAME OF MOTHER Catherine E. Rooney

Medical Examiner for Suffolk

12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

Date June 8 1923
(Month) (Day) (Year)

13 Informant Mrs. Helen S. Dolan
(Address) 229 Washington St. Wintthrop

18 PLACE OF BURIAL, CREMATION, or REMOVAL Calvary Boston
(Cemetery) (City or town) DATE OF BURIAL Jun 11 1923
(Month) (Day) (Year)

14 Filed June 22 1923
(Month) (Day) (Year) REGISTRAR _____

19 UNDERTAKER F. J. Crosby ADDRESS 12 W. River St. Boston

20 Burial permit issued by S. J. ... Official position Health Officer 21 Date of issue 1/2/23 Permit No. 596

MARGIN RESERVED FOR BINDING
N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Walter J. Stanton
June 8. 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop No. 50

No. 50

Hutchinson

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Rebecca E. Gaffney

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

50 Hutchinson St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

68

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass.

9 NAME OF
FATHER

Andrew

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Catherine Fitzpatrick

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13

Informant

(Address)

Mary Gaffney

50 Hutchinson St.

14

Filed

June 22, 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June
(Month)9
(Day)1923
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb. 15, 1923, to June 9, 1923.

that I last saw her alive on June 9, 1923,

and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH was as follows:

Chronic Endocarditis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY
(SECONDARY)

Acute dilatation of heart.

(duration) yrs. mos. 1 hr.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Frauger

, M.D.

(Address)

70 Win St.

Date

June 9
(Month) (Day)1923.
(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Holyhood Brookline

DATE OF BURIAL

June 11, 1923
(City or town)

19 UNDERTAKER

John F. O'Maley

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue
of permit

Jun 9-23

Permit

No. 595

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, moniliasis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died! . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health. Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
 County Suffolk State Mass. Registered No. _____
 City or Town Winthrop No. Winthrop Community Hospital Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Skoglund
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. 193 Pearl Ave. St. _____ Ward Beachmont, Mass.
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here Still born

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) Name of employer _____

8 BIRTHPLACE (City) Winthrop
 (State or country) Mass.

9 NAME OF FATHER Aavid G. Skoglund

10 BIRTHPLACE OF FATHER (City) Sweden
 (State or country) _____

11 MAIDEN NAME OF MOTHER Hannah Sofstrom

12 BIRTHPLACE OF MOTHER (City) Sweden
 (State or country) _____

13 Informant Aavid G. Skoglund
 (Address) _____

14 Filed June 22, 1923
 (Month) (Day) (Year) REGISTRAR _____

15 DATE OF DEATH June 11, 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I ~~last~~ saw h. him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows: Still born

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Placenta Praevia of mother
 (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Personal Observation
 (Signed) Raymond B Parker, M.D.
 (Address) Winthrop Mass.
 Date June 12, 1923
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop DATE OF BURIAL June 12, 1923
 (Cemetery) (City or town)

19 UNDERTAKER Charles P. Burrison ADDRESS 147 Winthrop St.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. L. J. Mays
 Official position, Health Officer Date of issue of permit 6/13/23 Permit No. 597

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or at home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualifies, is indelicate); *Tuberculosis of lungs, meninges, peritonæum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Stimle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on a statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or the agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until the aforesaid have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 44.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Northrop
(City or town)

1 PLACE OF DEATH
 County Suffolk State Mass. Registered No. _____
 City or Town Northrop No. 218 Court Road St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Frederick Elliott
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 218 Court Road St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced
 HUSBAND of Mary T. Elliott
 (or) WIFE of _____

| | | | | |
|-------|-----------|----------|-----------|--|
| 6 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
| | <u>67</u> | <u>~</u> | <u>13</u> | |

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Owner of Alder Laundry Boston
 (b) Name of employer _____

8 BIRTHPLACE (City) Danville
 (State or country) Quebec, Canada

9 NAME OF FATHER William G. Elliott

10 BIRTHPLACE OF FATHER (City) Lowell
 (State or country) Mass.

11 MAIDEN NAME OF MOTHER Mary Wilcox

12 BIRTHPLACE OF MOTHER (City) Huntingtonville
 (State or country) Canada

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 12, 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 9, 1923, to June 11, 1923, that I last saw him alive on June 11, 1923, and that death occurred, on the date stated above, at 3 P. m. The CAUSE OF DEATH was as follows:
Broncho-pneumonia
 (duration) _____ yrs. _____ mos. 3-4 ds.

CONTRIBUTORY (SECONDARY) myocarditis
 (duration) unknown yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? none
 (Signed) Henry Z. Colburn M.D.
 (Address) 103 Mt. Vernon St.
 Date June 12, 1923
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Raymond Cemetery DATE OF BURIAL June 15, 1923
 (Cemetery) (City or town) (Year)

19 UNDERTAKER Charles R. Burrison ADDRESS 147 Northrop St.

Official position Health Officer Date of issue of permit 9/13/23 Permit No. 598

13 Informant Mary T. Elliott
 (Address) 218 Court Rd.

14 Filed June 22, 1923
 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued J. P. Mayry

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *99 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scabic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Tern-peral septicemia," "Puereral peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebeitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, with last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
 County Suffolk State MASSACHUSETTS. Registered No. _____
 Township Winthrop or Village _____ or
 City _____ No. Station Hospital, Ft. Banks, Mass. St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edna I. Larkin Wyss
 (a) Residence. No. Fort Banks, Mass. St., _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Charles W. Wyss
 (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Nov. 18 1885

7 AGE Years 37 Months 7 Days 8 If LESS than 1 day, --- hrs. or --- min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Houswife.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9 BIRTHPLACE (city or town) Pubnico,
 (State or country) Nova Scotia.

10 NAME OF FATHER Caleb A Larkin
 11 BIRTHPLACE OF FATHER (city or town) Nova Scotia
 (State or country) _____
 12 MAIDEN NAME OF MOTHER Isabelle Murphy
 13 BIRTHPLACE OF MOTHER (city or town) Nova Scotia
 (State or country) _____

14 Informant Charles W Wyss Husband
 (Address) Fort Banks Winthrop Mass

15 Filed _____, 1923
 11-3184 REGISTRAR S. A. Muzzey

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16, 1923

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1923, to June 16, 1923, that I last saw her alive on June 16, 1923, and that death occurred, on the date stated above, at 10:30 A.M.
 The CAUSE OF DEATH* was as follows:
Puerperal Septicemia.

(duration) 0 yrs. 0 mos. 8 ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.
 18 Where was disease contracted _____ if not at place of death? _____
 Did an operation precede death? No Date of _____
 Was there an autopsy? No.
 What test confirmed diagnosis? Laboratory.
 (Signed) J. W. Luskton Cert. M. C., M. D.
 (Address) Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL oak grove Plymouth Mass DATE OF BURIAL June 19, 1923

20 UNDERTAKER L. R. Bennison ADDRESS Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3/2 23 15 21

June 16, 1923

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of a household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelimitic); *Tuberculosis of lungs, meningis, peritonaeum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Renal wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, eclampsia, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plephlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and this scope can be extended at a later date.

11-3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Northrop
(City or town)

1 PLACE OF DEATH
 County Suffolk State Mass Registered No. _____
 City or Town Northrop No. 36 Tewksbury St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annette Collins Billings
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36 Tewksbury St., _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence H. Billings

6 AGE Years 80 Months — Days — If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

15 DATE OF DEATH June 17 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 19, 1923, to June 17, 1923, that I last saw her alive on June 17, 1923, and that death occurred, on the date stated above, at 6:55 P.M.

The CAUSE OF DEATH was as follows:
Arteriosclerosis - senility

(duration) 7 yrs. _____ mos. _____ ds.

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) Name of employer _____

CONTRIBUTORY (SECONDARY) Cerebral
Oedema (duration) _____ yrs. 1 mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
 Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
 (Signed) Richard M. Kealey, M.D.
 (Address) 114 Pleasant St.
 Date June 19 1923
 (Month) (Day) (Year)

8 BIRTHPLACE (City) _____ (State or country) Maine

9 NAME OF FATHER Nathan Bean

10 BIRTHPLACE OF FATHER (City) _____ (State or country) Maine

11 MAIDEN NAME OF MOTHER Elizabeth White

12 BIRTHPLACE OF MOTHER (City) _____ (State or country) Maine

13 Informant Mildred Collins
 (Address) 36 Tewksbury St.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Auburn, Cambridge
 (Cemetery) (City or town)

DATE OF BURIAL June 20 1923

14 Filed June 23, 1923
 (Month) (Day) (Year) REGISTRAR _____

19 UNDERTAKER R. P. Benson
 ADDRESS 147 Northrop St.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. S. A. Murray

Official position Health Officer Date of issue of permit 6/20/23 Permit No. 600

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

17, 1923

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, *e. g.*, *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomati), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

R-301
 in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
 STANDARD CERTIFICATE OF DEATH

Winthrop
 (City or Town)

1 PLACE OF DEATH
 County Suffolk State Mass Registered No. _____
 City or Town Winthrop No. Community Hospital St. Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie Hills
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. 58 Winthrop St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred _____ years _____ months _____ days.
 How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
 4 COLOR OR RACE White
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word). Married
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry H. Hills
 6 DATE OF BIRTH Oct 31 1865
 (Month) (Day) (Year)
 7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
57 7 20
 If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home
 (b) Name of employer

9 BIRTHPLACE (City) Lockport
 (State or country) N. S.

PARENTS
 10 NAME OF FATHER James R. Peterson
 11 BIRTHPLACE OF FATHER (City) Lockport
 (State or country)
 12 MAIDEN NAME OF MOTHER Amelia Lloyd
 13 BIRTHPLACE OF MOTHER (City) Lockport
 (State or country)

14 Informant Harry H. Hills
 (Address) 58 Winthrop St.

15 Filed 29 1923
 (Month) (Day) (Year)
 REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued St. Mary

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 20 1923
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1923, to June 20, 1923, that I last saw her alive on June 20, 1923, and that death occurred, on the date stated above, at 7 P. m. The CAUSE OF DEATH was as follows:

Papillary Adeno Carcinoma of Ovary
 (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of June 12/23

Was there an autopsy? No

What test confirmed diagnosis? Pathological Examination
 (Signed) R. B. Fisher, M.D.
 (Address) Winthrop Mass
 Date June 21 1923
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Winthrop
 (Cemetery) (City or town) DATE OF BURIAL June 23 1923

20 UNDERTAKER Frank E. Brown
 ADDRESS East Boston

Official position Health Officer Date of issue of permit June 23 1923 Permit No. 605

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Artist*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Automobile factory*, *mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement, as never return "Laborer"; "Foreman"; "Manager"; "Dealer"; etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtania," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness (when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. _____
City or Town Winthrop No. 45 Shore Drive St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Arnoldson
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 45 Shore Drive St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 6 years _____ months _____ days. How long in U. S., if of foreign birth? 35 years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5a If married, widowed, or divorced, ~~HUSBAND OF~~ (or) WIFE of Anders Arnoldson
6 AGE 89 Years 2 Months 24 Days If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper (Retired)
(b) Name of employer _____

8 BIRTHPLACE (City) _____ (State or country) Sweden

9 NAME OF FATHER Erick Rapp

10 BIRTHPLACE OF FATHER (City) _____ (State or country) Sweden

11 MAIDEN NAME OF MOTHER Elizabeth

12 BIRTHPLACE OF MOTHER (City) _____ (State or country) Sweden

13 Informant Sigrid Carlsson
(Address) 45 Shore Drive Winthrop

14 Filed June 29, 1923
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or trans. permit was issued J. C. Moorey

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 25, 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from on June 25, 1923, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 4:45 P.M. The CAUSE OF DEATH was as follows:

Unsucessful. Dived two minutes after my arrival. Heart beats not heard - Was taken with dyspnea. (duration) _____ yrs. _____ mos. _____ ds. CONTRIBUTORY (SECONDARY) 1/2 Cor. before death.

17 Where was disease contracted if not at place of death? _____ FOR WHAT? None

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? (Signed) Edward J. Frainger, M.D.

(Address) 7 Griffin St.
Date June 25, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Boston
(Cemetery) (City or town) DATE OF BURIAL June 27, 1923

19 UNDERTAKER C. Nordling ADDRESS Boston

Official position Health Officer Date of issue of permit 6/25/23 Permit No. 601

PHYSICIANS should state CAUSE OF DEATH. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PARENTS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Carpenter, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebralgical fever* (the only definite synonym is "Epidemic cerebral meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Brachopneumonia* ("Pneumonia," unqualified, is indomitable); *Tuberculosis of lungs, meningis, meningium*, etc., *Carcinoma, Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *99 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, whom last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died! . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health. Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH **Essex** **MASS.** Registered No. _____
 (City or town) (Place of death)
 County **Mass. Danvers,** State **Danvers State Hospital** Registered No. _____
 (Place of residence)
 City or Town _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME **Annie E. Gilbert**
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. State **Mass.** City or Town **Winthrop** No. _____ St. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred _____ years _____ months **7** days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **female** 4 COLOR OR RACE **white** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**
 5a If married, widowed, or divorced
 HUSBAND of **Cannot be learned**
 (or) WIFE of
 6 AGE **65** Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

15 DATE OF DEATH **June 27, 1923.**
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **June 21, 1923, to June 27, 1923.**
 that I last saw her alive on **June 27, 1923;**
 and that death occurred, on the date stated above, at **2.10** p. m.
 The CAUSE OF DEATH was as follows:

Chronic myo-carditis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) **Edgar Maule Blew**, M.D.

(Address) **Hathorne, Mass.**

Date **June 28, 1923.**
 (Month) (Day) (Year)

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **none**
 (b) Name of employer _____

8 BIRTHPLACE (city or town) **New York,**
 (State or country) **New York**

9 NAME OF FATHER **Louis Evans**

10 BIRTHPLACE OF FATHER (city or town) _____
 (State or country) **Cannot be learned**

11 MAIDEN NAME OF MOTHER **Cannot be learned**

12 BIRTHPLACE OF MOTHER (city or town) _____
 (State or country) **Cannot be learned**

13 Informant **Clare E. Lyon,**
 (Address) _____

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **Winthrop, Winthrop Mass.** DATE OF BURIAL **6/30/23.**
 (Cemetery) (City or town) (Year)

14 Filed **7/2/23.**, 19 _____ Registrar of city or town where death occurred
 Filed **July 10,** 19 **23** Registrar of city or town where deceased resided

19 UNDERTAKER **C. R. Bennison** Winthrop ADDRESS _____

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia?"; *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonis, etc.; Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbemia," "Anemia" (merely symptomatoic), "Atrophy," "Collapse," "Coma," "Convulsions," "Tebility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on a statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Winthrop No. 18, Atlantic St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME June Lindsey
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 18 Atlantic St., _____ Ward. _____
(If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6 AGE Years Months Days If LESS than 1 day, 2 hrs. or ____ mo.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant Watson C. Lindsey
(Address) 18 Atlantic St.

14

Filed July 5, 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 28, 1923
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from June 28, 1923, to _____, 19____, that I last saw her alive on June 28, 1923, and that death occurred, on the date stated above, at 7 PM m.
The CAUSE OF DEATH was as follows:Malformation of heart
(baby was 2 hours old)

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of _____Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Horace J. Soole, M.D.(Address) 180 Winthrop StDate June 29, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St Michaels Boston 6/30/23
(Cemetery) (City or town)

19 UNDERTAKER

ADDRESS

John J. Maley WinthropOfficial position Health OfficerDate of issue June 30, 1923Permit No. 604

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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 occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or at home*, and children, not gainfully employed, as *At school or at home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on a statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

R-301
 N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
 (City or town)

1 PLACE OF DEATH
 County Suffolk State Mass. Registered No. _____
 City or Town Winthrop. No. 33 Charles St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bridget A. Paine.
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. 9 Union St., _____ Ward Charlestown.
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred _____ years _____ months _____ days.
 How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
 4 COLOR OR RACE White.
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H.
 6 AGE Years 92 Months 5 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home.
 (b) Name of employer _____

8 BIRTHPLACE (City) Ireland.
 (State or country)

9 NAME OF FATHER Not known.

10 BIRTHPLACE OF FATHER (City) Not known.
 (State or country)

11 MAIDEN NAME OF MOTHER Not known.

12 BIRTHPLACE OF MOTHER (City) Not known.
 (State or country)

13 Informant John P. Hazlett.
 (Address) 9 Union St. Charlestown

14 Filed July 5, 1923
 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued J. J. Murray

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 29, 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 15, 1923, to June 29, 1923, that I last saw him alive on June 25, 1923, and that death occurred, on the date stated above, at 2:30 p. m. The CAUSE OF DEATH was as follows:

Cardio-vascular disease (arterio sclerosis)
Sexual (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) Senility
Sexual (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical
 (Signed) Orville E. Johnson, M.D.
 (Address) 123 Whitecup St
 Date June 30, 1923 Winthrop
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Auburn, Camb.
 (Cemetery) (City or town) DATE OF BURIAL July 3, '23

19 UNDERTAKER John Bryant's Sons
E. E. B. ADDRESS Charlestown.

Official position Health Officer Date of issue June 30, 1923 Permit No. 603

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Lahore," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intubation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as heretofore provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winstrop
(City or town)

1 PLACE OF DEATH

County

City or Town

Suffolk
Winstrop

State

Registered No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Mass
Community Hospital
34 Willow Ave

2 FULL NAME

Lois Hazel McNeill

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No.

34 Willow

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

School Girl

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than

11

11

28

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School

(b) Name of employer

Girl

8 BIRTHPLACE (City)

East Boston

(State or country)

Mass

9 NAME OF FATHER

George H. McNeill

10 BIRTHPLACE OF FATHER (City)

East

(State or country)

Boston

11 MAIDEN NAME OF MOTHER

Harriet H. Hazell

12 BIRTHPLACE OF MOTHER (City)

Novy

(State or country)

Colin

13

Informant

(Address)

Harriet H. Hazell McNeill
Mother (34 Willow Ave Winstrop)

14

Filed

July 5, 1923

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. J. Gray

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 20, 1923
(Month) (Day) (Year)

16

HEREBY CERTIFY, That I attended deceased from

June 14, 1923 to June 30, 1923
that I last saw her alive on June 30, 1923

and that death occurred, on the date stated above, at 9:10 p.m.

The CAUSE OF DEATH was as follows:

Gangrenous ruptured appendix
peritonitis with general peritonitis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Yes

Did an operation precede death?

Yes

Date of June 14, 1923

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

H. E. Pradgon

M.D.

(Address)

7 Central Sq
East Boston

Date

June 30, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winstrop
(Cemetery) (City or town)

July 3, 1923

19 UNDERTAKER

ADDRESS

Chas. R. Bennett

Winstrop

Official position

Health Officer

Date of issue of permit

7/3/23

Permit No.

606

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATE STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

30, 1937
M.C. Miller

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonias"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc. *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body who has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths and 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Worcester
(City or town)

1 PLACE OF DEATH *Suffolk* County *Mass* State Registered No. *84*
 City or Town *Worcester* No. *205 Cliff Ave* St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Abram. Pray Downs*
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *205 Cliff* St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred *30* years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Charlotte. Downs*

6 AGE Years *52* Months *9* Days *2* If LESS than 1 day, hrs. *2* of min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired*
 (b) Name of employer

8 BIRTHPLACE (City) *Lebanon Me*
 (State or country)

9 NAME OF FATHER *Lewis Downes*

10 BIRTHPLACE OF FATHER (City) *Lebanon Me*
 (State or country)

11 MAIDEN NAME OF MOTHER *Alice Libbey*

12 BIRTHPLACE OF MOTHER (City) *Lebanon Me*
 (State or country)

13 Informant *Charlotte Downs*
 (Address)

14 Filed *May 4 1923*
 (Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

J. S. Murray
5/2

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *May 1 1923*
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *April 29, 1923* to *May 1, 1923*,
 that I last saw him alive on *April 30*, 1923

and that death occurred, on the date stated above, at *2 A* m.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia
 (duration) yrs. mos. *2* ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *E. W. Brown*, M.D.

(Address) *20 Pleasant St*
 Date *May 3 1923*
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Worcester *Worcester* *May 3*
 (Cemetery) (City or town)

19 UNDERTAKER

E R Benson *Worcester*
 ADDRESS

Official Health Officer Date of issue of permit *5/3/23* No. *579*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

May 1, 1923

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Chimney sweep*, *Stationary fireman*, etc. But in many cases, especially in industrial occupations, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer", "Foreman", "Manager", "Dealer", etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Gerbroseptic fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Eklavulsion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

7-301
 N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
 (City or town)

1 PLACE OF DEATH
 County **Suffolk** State **Massachusetts** Registered No. **85**
 City or Town **- Boston** No. **Winthrop**, **12 Jefferson Street** St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **William H. H. Young**
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. **12 Jefferson Street** Ward.
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred **3** years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **male** 4 COLOR OR RACE **white** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married.**
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of **Christabel H.**
 6 AGE Years Months Days If LESS than 1 day, hrs. or min.
85 11 16
 If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **none**
 (b) Name of employer

8 BIRTHPLACE (City) **Barrington N.H.**
 (State or country)

9 NAME OF FATHER **William H. Young**
 10 BIRTHPLACE OF FATHER (City) **Barrington N.H.**
 (State or country)
 11 MAIDEN NAME OF MOTHER **Sarah Daniels.**
 12 BIRTHPLACE OF MOTHER (City) **Barrington N.H.**
 (State or country)

13 Informant **Harry H. Young**
 (Address) **224 Marlboro St.**

14 Filed **May 4, 1923**
 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued **S. P. Mowry**

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **May 1 1923**
 (Month) (Day) (Year)
 16 I HEREBY CERTIFY, That I attended deceased from **Jan 1**, 1919, to **April 30**, 1923, that I last saw him alive on **April 30**, 1923, and that death occurred, on the date stated above, at **6.30 P.** m. The CAUSE OF DEATH was as follows:
Arterio sclerosis

CONTRIBUTORY **Valvular heart disease**
 (SECONDARY) (duration) ? yrs. mos. ds.
 17 Where was disease contracted **not at place of death?** FOR WHAT?
 Did an operation precede death? **no** Date of **no**
 Was there an autopsy? **no**
 What test confirmed diagnosis?
 (Signed) **Horace J. Soule** M.D.
 (Address) **180 Winthrop, Winthrop**
 Date **May 2 1923**
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **Forest Hills Boston** DATE OF BURIAL **May 3**
 (Cemetery) (City or town)

19 UNDERTAKER **S. P. Mowry** ADDRESS **Boston.**

Official position **Health Officer** Date of issue **2-2-23** Permit No. **578**

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, *e. g.*, *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer"; "Foreman"; "Manager"; "Dealer"; etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scullery, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carotidoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," "Congestive," "Smile" (etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-flu-enza," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths sup-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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town) _____
 County Suffolk State Mass Registered No. 86
 City or Town Winthrop No. 63 Thornton Pl St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Carlin (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 63 Thornton Pl St., _____ Ward _____ (If non-resident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
 4 COLOR OR RACE White
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dennis

6 AGE Years 76 Months _____ Days _____ If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At Home.
 (b) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 6 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I exam attended deceased from _____, 19____, to _____, 19____,
~~that I last saw him alive on _____, 19____,~~
 and that death occurred, on the date stated above, at 1:30 P m.
 The CAUSE OF DEATH was as follows:
Chronic Valvular heart disease

.....(duration) yrs. mos. ds.

8 BIRTHPLACE (City) _____ (State or country) Ireland.

9 NAME OF FATHER John A. Woods

10 BIRTHPLACE OF FATHER (City) _____ (State or country) Ireland.

11 MAIDEN NAME OF MOTHER Sarah M. Carr.

12 BIRTHPLACE OF MOTHER (City) _____ (State or country) Ireland.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Renal infection
 (Signed) Raymond B. Paulsen, M.D.
 (Address) Winthrop, Board of Health.
 Date May 6 1923
 (Month) (Day) (Year)

13 Informant Mrs. M. Whalen
 (Address) 63 Thornton Pl Winthrop

14 Filed May 11 1923
 (Month) (Day) (Year) REGISTRAR _____

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary. Boston. DATE OF BURIAL May 8, 1923
 (Cemetery) (City or town)

19 UNDERTAKER John J. O'Neil ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. S. J. Coury
 (Signature) Official position Health Officer Date of issue of permit 5/7/23 Permit No. 580

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

may 6. 1923

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, cholera, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
 City or Town **Boston** No. **ST ELIZ. HOSP.**
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **5022**
 (Place of death)
 Registered No. **127**
 (Place of residence) St. Ward

2 FULL NAME **WILLIAM F. SHINE**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **65 WALDEMAR AVE** St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **S**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min. **62**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **SALESMAN** (b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON** (State or country)

9 NAME OF FATHER **DANIEL SHINE**

10 BIRTHPLACE OF FATHER (city or town) **IRELAND** (State or country)

11 MAIDEN NAME OF MOTHER **JULIA O'NEIL**

12 BIRTHPLACE OF MOTHER (city or town) **IRELAND** (State or country)

13 Informant **SISTER** (Address)

14 Filed **MAY 10**, 1923 **E. W. McNamee** Registrar of city or town where death occurred
 Filed _____, 1923 _____ Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **MAY 7**, 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **APR. 23**, 19**23**, to **MAY 7**, 1923, that I last saw him alive on **MAY 7**, 1923, and that death occurred, on the date stated above, at **11 A** m. The CAUSE OF DEATH was as follows:

PERNICIOUS ANAEMIA

CONTRIBUTORY (SECONDARY) (duration) **1** yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **T. J. SCANLON**, M.D. **MAY 7**, 19 (Address)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **MALDEN (HOLY CROSS)** DATE OF BURIAL **MAY 9** 1923

19 UNDERTAKER **R. C. KIRBY** ADDRESS

302
 CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, IN FULL. (PLAINLY), WITH SUFFICIENT RECORDS. EVERY ITEM OF INFORMATION SHOULD BE
 SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK
 OF CERTIFICATE.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer"; "Foreman"; "Manager"; "Dealer"; etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 83, Sec. 6.*

. . . . It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass.* Registered No. *87*
City or Town *Winthrop* No. *Maternity Hospital* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Sophia Exelbert*
(In the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *145 Locust* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *10* years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female*
4 COLOR OR RACE *w.*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

15 DATE OF DEATH *May 8 1923*
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Samuel Exelbert*

I HEREBY CERTIFY, That I attended deceased from *May 3*, 1923, to *May 8*, 1923, that I last saw her alive on *May 8*, 1923 and that death occurred, on the date stated above, at *5:30 a.m.*

6 AGE *30* Years Months *11* Days *24*
If LESS than 1 day, hrs. or min.

The CAUSE OF DEATH was as follows:
Lobar Pneumonia to lower lobe Caesarian-operation abdominal Pregnancy
(duration) yrs. mos. *3* ds.

If STILLBORN, enter that fact here

CONTRIBUTORY *Acute Cardiac dilation*
(SECONDARY) (duration) yrs. mos. *1/2* ds.

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *House wife*
(b) Name of employer

17 Where was disease contracted, if not at place of death? *Winthrop Community Hosp*

8 BIRTHPLACE (City) *Boston*
(State or country) *Mass.*

Did an operation precede death? *yes* Date of *May 1/23*

Was there an autopsy? *no*

9 NAME OF FATHER *Frank Wienstein*

What test confirmed diagnosis?

10 BIRTHPLACE OF FATHER (City) *Rudolo*
(State or country) *Russia*

(Signed) *Richard M. Mearns*, M.D.

11 MAIDEN NAME OF MOTHER *Pearl Dinner*

(Address) *114 Pleasant St*
Date *May 8 1923*
(Month) (Day) (Year)

12 BIRTHPLACE OF MOTHER (City) *Rudolo*
(State or country) *Russia*

13 Informant *Frank Wienstein*
(Address) *181 Bryant St Malden*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Grave of Boston Women*
(Cemetery) (City or town) *May 8/23*

14 Filed *5/8/23*
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER *Mat Quint* ADDRESS *Malden*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *S.A. Mearns*
4/2

Official position, Health Officer of permit *5/8/23* Date of issue *5-8-23* Permit No. *581*

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Intention," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal æphemial," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wenlock
(City or town)

1 PLACE OF DEATH

County *Suffolk*

State *Mass*

Registered No. *88*

City or Town *Wenlock*

No. *269 Wenlock St* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John C. Churchill
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No. *369 Wenlock* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *30* years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *never*
(write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Annice*

6 AGE Years *88* Months *5* Days If LESS than 1 day,hrs. ormin.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Retired* (b) Name of employer

8 BIRTHPLACE (City) *Parsonfield* (State or country) *me*

9 NAME OF FATHER *Thomas Churchill*

10 BIRTHPLACE OF FATHER (City) *Parsonfield* (State or country) *me*

11 MAIDEN NAME OF MOTHER *unable to obtain*

12 BIRTHPLACE OF MOTHER (City) (State or country)

13 Informant *Arthur Churchill* (Address) *369 Wenlock St*

14 Filed *MAY 17, 1923* (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *S. J. Courcy*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *May 9, 1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *April 19, 1922*, to *May 9, 1923*, that I last saw him alive on *May 7, 1923*, and that death occurred, on the date stated above, at *5:45 P.M.*

The CAUSE OF DEATH was as follows:
Myocarditis
arteriosclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? Did an operation precede death? Date of Was there an autopsy? *no* What test confirmed diagnosis? (Signed) *C. Trachman* M.D. (Address) *352 Wenlock St* Date *May 10, 1923* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Churchill Parsonfield (me - Parsonfield)* DATE OF BURIAL *May 12*
(Cemetery) (City or town)

19 UNDERTAKER *C. R. Demeris* ADDRESS *Wenlock*

Official position *Health Officer* Date of issue of permit *5 10/23* No. *582*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, At home*, and children, not gainfully employed, as *A school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name neoplasms); *Menses; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Examples: *Septicæmia* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Colic-lapse," "Coma," "Convulsions," "Debility," "Congestive," "Sonic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumony"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

89

City or Town

Waltham

No.

Waltham

Ward

Waltham

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jean Fletcher Hanson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No.

42 Lewis Street

Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

25 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed, or divorced

HUSBAND of

Wm C Hanson

WIFE of

6 AGE

Years

53

Months

11

Days

29

If LESS than

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

*Free of Mass
Scotland*

(State or country)

9 NAME OF FATHER

James Black

10 BIRTHPLACE OF FATHER (City)

Scotland

(State or country)

11 MAIDEN NAME OF MOTHER

unable to obtain

12 BIRTHPLACE OF MOTHER (City)

" " "

(State or country)

13

Informant

Wm C Hanson

(Address)

Waltham

14

Filed

May 17 1923

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

J. A. Gray

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May 9 1923

(Mon/h) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 19 1923, to May 9 1923,

that I last saw her alive on *May 9 1923,*

and that death occurred, on the date stated above, at *12:10 P. m.*

The CAUSE OF DEATH was as follows:

Acute myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Selfingitis, Pelvic abscess

(duration) yrs. 3 mos. ds.

17 Where was disease contracted if not at place of death?

at home

Did an operation precede death? *yes* Date of *May 7, 1923*

Was there an autopsy? *no*

What test confirmed diagnosis? *Aspiration*

(Signed) *R. B. Parker*, M.D.

(Address) *Waltham Mass*

Date *May 11 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Waltham United

DATE OF BURIAL

May 17 1923

19 UNDERTAKER

E. R. Bennett

ADDRESS

Waltham

Official position

Health Officer

Date of issue of permit

5 11 23

Permit No.

583

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISÉD UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil Engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer — Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labor pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningitis, peritonitis, etc.; Carcinoma, Sarcoma, etc., of..... (name neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neurosis, peritonitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — Gen. Laws, Chap. 38, Sec. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

18, 186.

Vinthrop.
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk, State Mass., Registered No. _____
City or Town Boston Harbor (?) - Found Pt. Shirley, Vinthrop, St., Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

UNKNOWN WOMAN - Case 13,186.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Unknown, St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 AGE Years 50-60. Months X Days X If LESS than I day,hrs. ormin.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Unknown

(b) Name of employer

8 BIRTHPLACE (City) Unknown
(State or country)

9 NAME OF FATHER Unknown

10 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

13 Informant Dr George B. Maynard
(Address) 13 Alder

14 Filed June 22, 1923
(Month) (Day) (Year) REGISTRAR

20 Burial permit issued by WAB, Official position _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH UNKNOWN
(Found May 10, 1923.) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Drowning under circumstances unknown.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) George B. Maynard, M.D.
(Address) _____

Medical Examiner for Suffolk County.
Date June 11, 1923.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL
Winstock Winstock JUNE 15, 1923
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER ADDRESS
C.R. Bonner Winstock

JUN 11 1923 Permit No. 2910

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from **injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons **found dead**.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person) Body that of a woman apparently 50-60 years old; length, 5 ft. 5 inches; actual wt. 96 lbs.; the skull bare; the teeth false. Has been in the water many months. Clothing: Black poplin jacket; black fur collar; black poplin skirt; green waist, also a black waist; blue sweater; brown stockings over black stockings, etc. Had 3 prs. spectacles and remains of a pawn ticket issued by concern in West Philadelphia. Had a gilt bar pin with green, red and white stones and another bar pin with facet.

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

May 10, 1923.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass. Registered No. 90
 City or Town Winthrop No. 147 Winthrop St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Etta Sinclair Bemison
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 147 Winthrop St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5a If married, widowed, or divorced
 HUSBAND of (or) WIFE of Charles P. Bemison

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
57 10 11

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at Home.
 (b) Name of employer

8 BIRTHPLACE (City) East Boston
 (State or country) Mass.

9 NAME OF FATHER George W. Battis.

10 BIRTHPLACE OF FATHER (City) East Boston
 (State or country) Mass.

11 MAIDEN NAME OF MOTHER Henrietta Sinclair

12 BIRTHPLACE OF MOTHER (City) East Boston
 (State or country) Mass.

13 Informant Charles P. Bemison
 (Address) 147 Winthrop St.

14 Filed May 17 1923
 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 13 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 16, 1923, to May 13, 1923
 that I last saw him alive on May 13, 1923
 and that death occurred, on the date stated above, at 2:15 a. m.
 The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) X yrs. X mos. 8 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(Local) (duration) yrs. - mos. - ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical
 (Signed) Owille E. Jollyson, M.D.

(Address) 123 Winthrop
 Date May 14 1923
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Cemetery
 (City or town) DATE OF BURIAL May 15, 1923

19 UNDERTAKER C. P. Bemison ADDRESS: 147 Winthrop St.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued J. I. Maury
 Official position Secretary Date of issue of permit 5.5/23 Permit No. 584

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

may 13, 1923

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer retired, 6 yrs.*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the diseases causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualifed, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass Registered No. 91
 City or Town Winthrop No. 186 Pleasant St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Gisall
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 186 Pleasant St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
 4 COLOR OR RACE White
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L.

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
65

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home
 (b) Name of employer

8 BIRTHPLACE (City) Boston
 (State or country) Mass

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH. 11/19 14 23
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jun, 1923, to May 14, 1923, that I last saw her alive on May 13, 1923, and that death occurred, on the date stated above, at 17 m. The CAUSE OF DEATH was as follows:
Hypertrophy of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY Arterio-sclerosis
 (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?
 (Signed) Haney Astley, M.D.
 (Address) 200 Pleasant St
 Date 5 15 23
 (Month) (Day) (Year)

PARENTS

9 NAME OF FATHER Daniel Crowder

10 BIRTHPLACE OF FATHER (City) Weland
 (State or country)

11 MAIDEN NAME OF MOTHER Amy Harmon

12 BIRTHPLACE OF MOTHER (City) St John
 (State or country)

13 Informant Mary E. Gisall
 (Address) 186 Pleasant St

14 Filed May 17 1923
 (Month) (Day) (Year) REGISTRAR

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St Marks Dorchester
 (Cemetery) (City or town)

DATE OF BURIAL May 16 23

19 UNDERTAKER John F. O'Maley Winthrop

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. J. J. Maury
 Official position Health Officer Date of issue of permit 7/10/23 Permit No. 2585

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Furn laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia?"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptom or terminal conditions, such as "Asbestia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 86, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 92
City or Town ~~Boston~~ Winthrop No. 106 Grover Ave. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry A. Root.
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 106 Grover Ave. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 5 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a If married, widowed, or divorced
HUSBAND of Caroline S. Root.
(or) WIFE of

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
72 8 14

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) Name of employer

8 BIRTHPLACE (City) Ware Mass
(State or country)

9 NAME OF FATHER William A. Root.

10 BIRTHPLACE OF FATHER (City) Gilead Conn
(State or country)

11 MAIDEN NAME OF MOTHER Cornelia Hills.

12 BIRTHPLACE OF MOTHER (City) E. Hartford Conn
(State or country)

13 Informant Mary S. Root.
(Address) 106 Grover Ave.

14 Filed May 17, 1923
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

S.A. Mowry
J.B.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 16 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 1923, to May 16 1923, that I last saw him alive on May 16 1923, and that death occurred, on the date stated above, at 3 A m. The CAUSE OF DEATH was as follows:

Chronic myocarditis & arteriosclerosis

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Chronic interstitial nephritis
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.
17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) Tony J. Thowen M.D.

(Address) 218 Main St. Winthrop
Date May 17 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Massachusetts Crematory
(Cemetery) (City or town) DATE OF BURIAL May 19/23

19 UNDERTAKER J. Steteman Sons ADDRESS Boston.

Official position Health Officer Date of issue of permit 5/17/23 Permit No. 586

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

May 16, 1923

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a simple word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Artistical, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Typhoid cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc., Curculionida, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neurosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 15.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 89, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 89, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintrop
(City or town)

1 PLACE OF DEATH *Suffolk* County *Mass* State Registered No. *93*
City or Town *Wintrop* No. *21 Louisa Rd* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Margaret Calder Mann*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *21 Louisa* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *15* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

15 DATE OF DEATH *May 16, 1923*
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of *William Mann*
(or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from *Nov 2, 1922*, to *May 16, 1923*, that I last saw her alive on *May 16, 1923*, and that death occurred, on the date stated above, at *3:30 P. m.* The CAUSE OF DEATH was as follows:
Pernicious Anemia
(duration) _____ yrs. *9* mos. _____ ds.

6 AGE Years _____ Months *37* Days *10* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED *at home*
(a) Trade, profession, or particular kind of work
(b) Name of employer

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (City) *Glasgow* (State or country) *Scotland*

17 Where was disease contracted if not at place of death? *at home*

9 NAME OF FATHER *James Calder*

Did an operation precede death? *no* Date of _____

10 BIRTHPLACE OF FATHER (City) *Scotland* (State or country)

Was there an autopsy? *no*

11 MAIDEN NAME OF MOTHER *Elizabeth Bennie*

What test confirmed diagnosis? *Blood Examination*
(Signed) *R. B. Parker*, M.D.

12 BIRTHPLACE OF MOTHER (City) *Scotland* (State or country)

(Address) *Wintrop Mass.*
Date *May 17, 1923*
(Month) (Day) (Year)

13 Informant *Wm Mann* (Address) *21 Louisa Rd*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wm Autumn Wintrop* (Cemetery) (City or town) DATE OF BURIAL *May 1923*

14 Filed *May 31, 1923* (Month) (Day) (Year) REGISTRAR

19 UNDERTAKER *C R Bennett* ADDRESS *Wintrop*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *S. J. Murray*

Official position *Health Officer* Date of issue of permit *5/19/23* Permit No. *227*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freeman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, that occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., etc.* (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 89, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence; if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 89, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea
(City or town)

Registered No. 347
(Place of death)

Registered No. _____
(Place of residence)

1 PLACE OF DEATH

County Suffolk State MASS.

City or Town Chelsea No. Soldiers' Home, Chelsea St., Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wilbur Irvin Broad

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 163 Pauline St.
(Usual place of abode)

Length of residence in city or town where death occurred years months 7 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche

6 AGE Years Months Days If LESS than 1 day, hrs. or min. 46 6 8

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Architect (b) Name of employer

8 BIRTHPLACE (city or town) Reading (State or country)

9 NAME OF FATHER Nathaniel W.
10 BIRTHPLACE OF FATHER (city or town) Milton, MASS. (State or country)
11 MAIDEN NAME OF MOTHER Mary E. Luce
12 BIRTHPLACE OF MOTHER (city or town) Boston (State or country)

13 Informant Hospital Records (Address) Soldiers' Home, Chelsea

14 Filed May 22, 19 23 Registrar of city or town where death occurred
Filed July 10, 19 23 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 20, 1923 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 13, 19 23 to May 20, 19 23, that I last saw him alive on May 20, 19 23, and that death occurred, on the date stated above, at 4.55 p. m. The CAUSE OF DEATH was as follows:

typhoid fever.

(duration) yrs. mos. 18 ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? clin. sym. & widal
(Signed) Chester P. Brown, M.D.
Address Soldiers' Home, Chelsea

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Laurel Hill, Reading May 22 19 23
19 UNDERTAKER ADDRESS
Arthur F. Douglas Chelsea

202
 so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
 carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many (a) the kind of work and also (b) the nature of the business or industry, should therefore an additional line is provided for the latter statement; it may be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Cant mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never "Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Hypopharyngeal cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Malaria* (disease causing death), *2d*; *Bronchopneumonia* (secondary), *10* *da*. Never report mere symptoms or terminal conditions, such as *Asphemia*, "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Icteric," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, muscular, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until these shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration or as to the manner or cause of the death, which can be obtained as to the deceased, require. — *Gen. Laws, Chap. 114, Sec. 46*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7*

FILES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to each death only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

W. W. W. W.
(City or town)

1 PLACE OF DEATH *Suffolk* County *Mass* State Registered No. *94*
City or Town *Winstich* No. *17 Shore Street* St. *—* Ward *—*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Walter Darling Palle*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *87 Shore Street* St. *—* Ward. *—*
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *3* years *—* months *—* days. How long in U. S., if of foreign birth? *—* years *—* months *—* days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *—*

6 AGE Years *61* Months *—* Days *—* If LESS than 1 day, *—* hrs. or *—* min.

If STILLBORN, enter that fact here *—*

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Wool Machinery* (b) Name of employer *Self*

8 BIRTHPLACE (City) *Bridgton Me.* (State or country)

PARENTS
9 NAME OF FATHER *Robert Palle*
10 BIRTHPLACE OF FATHER (City) *unavailable to obtain* (State or country)
11 MAIDEN NAME OF MOTHER *Mary Baker*
12 BIRTHPLACE OF MOTHER (City) *unavailable to obtain* (State or country)

13 Informant *P.R. Long* (Address) *87 Shore Street Winstich*

14 Filed *May 31 1923* (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *May 21 1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *April 10 1923*, to *May 21 1923*, that I last saw him alive on *May 21 1923*, and that death occurred, on the date stated above, at *5 P.* m. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
(duration) *6* yrs. *6* mos. *—* ds.
CONTRIBUTORY *Arterio sclerosis*
(SECONDARY) (duration) *3* yrs. *—* mos. *—* ds.

17 Where was disease contracted if not at place of death? *at home*
Did an operation precede death? *no* Date of *—*
Was there an autopsy? *no*
What test confirmed diagnosis? *Personal Observation*
(Signed) *Raymond B Parker* M.D.
(Address) *Winstich Mass*
Date *May 22 1923* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Bridgton Me.* DATE OF BURIAL *May 24-1923*
(Cemetery) *—* (City or town)

19 UNDERTAKER *P.R. Long* ADDRESS *Winstich*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *—* Official position *—* Date of issue of permit *5/23/23* Permit No. *508*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

may 21, 1923

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, *e. g.*, *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Leconicme engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scraml Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Meesles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Comengital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," ("Emorrhage," "Intanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all deaths resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 septemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town) 95

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Wintthrop

No.

76 Summit Ave. St., Ward

2 FULL NAME

Katherine A. Keenealy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

76 Summit Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)FemaleWhiteSingle5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day.....hrs.
or.....min.45

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workSt. Home
Boston

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Mass9 NAME OF
FATHERDavid10 BIRTHPLACE OF
FATHER (City)

(State or country)

Boston
Mass11 MAIDEN NAME
OF MOTHERCatherine Murphy12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

(Address)

M. Keenealy
76 Summit Ave.

14

Filed

(Month) (Day) (Year)

May 31 1923

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May221923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 22, 1923, to May 23, 1923.

that I last saw him alive on

May 22, 1923and that death occurred, on the date stated above, at 12:05 PM

The CAUSE OF DEATH was as follows:

Diabetes mellitusCONTRIBUTORY
(SECONDARY)(duration) 10 yrs. mos. ds.Cardiac asthma

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) C. F. Franchini M.D.(Address) 856 W. 1st St.Date May 23 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Holy Cross Malden

(Cemetery)

(City or town)

May 26 1923

19 UNDERTAKER

ADDRESS

Healy A. MagrathEast BostonOfficial
positionHealth OfficerDate of
issueMay 27 1923Permit
No.689

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper*, *Housework*, or *At home*, and children, not finally employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "tumor," for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, ergotism, gasstritis, erysipelas, meningitis, miscarriage, neurosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . I shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise as description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

R-302
 N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Tewksbury

(City or town)

Registered No. 156
 (Place of death)
 Registered No. 96
 (Place of residence)
 St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

1 PLACE OF DEATH

County Middlesex State Massachusetts
 City or Town Tewksbury No. State Infirmery

2 FULL NAME

Georgena McCabe.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Massachusetts. City or Town Winthrop No. St.
 (Usual place of abode)

Length of residence in city or town where death occurred years 1 months 15 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Willis A. McCabe

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
 81 1 18

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
 (b) Name of employer

8 BIRTHPLACE (city or town) So. Boston
 (State or country) Massachusetts.

9 NAME OF FATHER William E. Warren

10 BIRTHPLACE OF FATHER (city or town) England
 (State or country)

11 MAIDEN NAME OF MOTHER Mary Ann Underwood

12 BIRTHPLACE OF MOTHER (city or town) England
 (State or country)

13 Informant Hospital Records.

State Infirmery, Tewksbury.

14 Filed 5/24/19 23 John St. Registrar of city or town where death occurred

Filed 5/23/19 23 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 24 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 9, 1923, to May 24, 1923 that I last saw her alive on May 24, 1923, and that death occurred, on the date stated above, at 4:00 P. M. The CAUSE OF DEATH was as follows:

Atherosclerosis

Chronic (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted Winthrop
 if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Phys. Exam.
 (Signed) Sherman Perry M.D.
 5/24/1923 Address State Infirmery, Tewksbury

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
 Mount Feake, Waltham May 26/1923

19 UNDERTAKER ADDRESS
 C. R. Bennison Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archdeacon, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mining, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report officially the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningea, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Ashtemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicemia," "PERIPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Pneumophneumonias: If primary cause, write the word "Pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or ordinary member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized injury unrelated to any form of injury, have died without recent medical attendance 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 septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 97
City or Town Winthrop No. 15 Marshall St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert Henry Holmes
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 15 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 10 years 10 months 10 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.
68 7 4

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... Retired
(b) Name of employer

8 BIRTHPLACE (City) New York City
(State or country) N. Y.

9 NAME OF FATHER John Holmes

10 BIRTHPLACE OF FATHER (City) England
(State or country)

11 MAIDEN NAME OF MOTHER Elizabeth Cote

12 BIRTHPLACE OF MOTHER (City) England
(State or country)

13 Informant Wm. Richter
(Address)

14 Filed May 31 1923 REGISTRAR
(Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 28 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 19 1923, to May 28 1923
that I last saw him alive on May 22 1923, and that death occurred, on the date stated above, at 108 m.
The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.
CONTRIBUTORY Arterio Sclerosis
(SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) C. J. Mulvaney M.D.
(Address) 3 1/2 Winthrop St
Date May 28 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Winthrop Winthrop May 28, 1923
(Cemetery) (City or town)

19 UNDERTAKER ADDRESS 147
Charles R. Bennison Winthrop St
(City or town) Winthrop

Official position Health Officer Date of issue of permit May 28 1923 Permit No. 590

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

May 25, 1923

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer — Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of..... (name origin); Cancer (is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 20 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Compliment," "Sole," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tramia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration or as to the manner or cause of the death, which can be obtained as for the deceased, any other necessary information which can be obtained as for the deceased, — Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence, — Gen. Laws, Chap. 83, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town) 98

1 PLACE OF DEATH

County *Suffolk* State *Mass* Registered No. *98*
City or Town *Waltham* No. *Hospital* St. *Hospital* Ward *Hospital*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Elsie Orr Dean
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *70 Collage* St. *Ward.*
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred *10* years *X* months *V* days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5a If married, widowed, or divorced
HUSBAND of *Dean. K. Dean*
(or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
38 *3* *27*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at home*
(b) Name of employer

8 BIRTHPLACE (City)

(State or country) *Railway U.S.*

9 NAME OF FATHER *Robert Orr*

10 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)

11 MAIDEN NAME OF MOTHER *Josephine S. Trainor*

12 BIRTHPLACE OF MOTHER (City) *N.Y. State*
(State or country)

13

Informant *Husband - Dean. K. Dean*
(Address) *70 Collage av*

14

Filed *May 31 1923*
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *5* 27 23
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *May 1*, 19*23*, to *May 27*, 19*23*, that I last saw h*er* alive on *May 27*, 19*23*, and that death occurred, on the date stated above, at *2 P.* m. The CAUSE OF DEATH was as follows:

Fibros myomatosis of uterus

(duration) *2+* yrs. mos. ds.

CONTRIBUTORY *Acidosis*
(SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? *-*

Did an operation precede death? *yes* Date of *5/22/23*

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Harvey Astley* M.D.
(Address) *200 Pleasant St Waltham*
Date *5-28-23*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Railway U. S. Harland Cemetery DATE OF BURIAL *May 30th 1923*

19 UNDERTAKER

C.R. Bennett ADDRESS *Waltham*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. R. Mowry Official position *Health Officer* Date of issue of permit *5-29/23* Permit No. *5-21*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumony"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death. . . . — *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintford
BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

116

City or Town

~~Boston~~

No. 17 Sturges

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Laurie J. Zaugg / ZAUGG

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No. 17 Sturges

St.

Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

F

White

Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Abdon

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or mo.

60

-

-

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

ck Home

(b) Name of employer

8 BIRTHPLACE (City)

Syracuse

(State or country)

9 NAME OF
FATHER

Habib Deratory

10 BIRTHPLACE OF
FATHER (City)

Syracuse

(State or country)

11 MAIDEN NAME
OF MOTHER

Mary

12 BIRTHPLACE OF
MOTHER (City)

Syracuse

(State or country)

13

Informant

(Address)

Laurie J. Zaugg
17 Sturges St

14

Filed

July 31, 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

St. Mours

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July

1

(Day)

1923

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 15, 1923, to June 29, 1923

that I last saw her alive on June 29, 1923

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH was as follows:

Carcinoma of liver

(duration) yrs. ? mos. ds.

CONTRIBUTORY

Ball Stone

(SECONDARY)

(duration) ? yrs. mos. ds.

17 Where was disease contracted

if not at place of death? FOR WHAT? Ball Stone

Did an operation precede death? Date of April 20, 23

Was there an autopsy?

What test confirmed diagnosis? operative findings

(Signed) Albert Ashin, M.D.

(Address) 32 Wave Way Ave. Wintford

Date July 1, 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Fair View Cent.

(Cemetery)

(City or town)

July 4, 23

19 UNDERTAKER

ADDRESS

C. P. McCaffrey Boston

Official
position

Health Officer

Date of
issue

of permit

7/1/23

Permit

No.

605

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Chief engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer;" "Foreman;" "Manager;" "Dealer;" etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive"), "Sepsis," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, eye primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrotic, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until these shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for substantial reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 89, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

117

City or Town

Wintthrop

No.

52

Beach Road

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby John Roger Root

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

52 Beach Rd

St.

Ward

Block 4

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

15 DATE OF DEATH

July 2nd 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 1st 1923, to *July 2nd 1923*
that I last saw him alive on _____, 19__

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Still Born
Strangulation

CONTRIBUTORY

(SECONDARY)

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) *Charles L. Root*, M.D.

(Address) *55 Beach Rd*

Date *July - 2 1923*
(Month) (Day) (Year)

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

[Redacted]

6 AGE

Years

Months

Days

If LESS than

1 day, _____ hrs.

or _____ min.

Still Born

If STILLBORN, enter that fact here

Still Born

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

[Redacted]

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Wintthrop
Mass

9 NAME OF FATHER

Carl L. Root

10 BIRTHPLACE OF FATHER (City)

(State or country)

Boston
Mass

11 MAIDEN NAME OF MOTHER

Mary Gubria Connolly

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Washington
D.C.

13

Informant

(Address)

Carl L. Root
52 Beach Rd

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

DATE OF BURIAL

(City or town)

Wintthrop
July 5 1923

14

Filed

(Month) (Day) (Year)

July 31 1923

REGISTRAR

19 UNDERTAKER

ADDRESS

Carl A. Bennett
Wintthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S.A. Mowry

Official health officer

Date of issue or permit

7/5/23

Permit No.

608

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

July 2, 1923

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Tailor," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer — Coal mine, etc. Women at home who are engaged in a definite salary, may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupation of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation had been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Formerly retired, 6 yrs. For persons who have no occupation whatever, write None.

Statement of cause of death. — Name, first, the disease causing death (the primary cause) with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labor pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningitis, peritonitis, etc.; Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— Gen. Laws, Chap. 38, Sec. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH

County *Suffolk* State *Mass.* Registered No. *118*
City or Town *Wintthrop* No. *24 Oakland St.* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James Arthur Cowen
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No. *24 Oakland* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years *28* Months *11* Days _____ If LESS than 1 day, _____ hrs. _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *None*
(b) Name of employer _____

8 BIRTHPLACE (City) _____ (State or country) _____

Dorchester Mass.

9 NAME OF FATHER *Mathias Cowan*

10 BIRTHPLACE OF FATHER (City) _____ (State or country) _____
Roxbury Mass.

11 MAIDEN NAME OF MOTHER *Catherine De Lorey*

12 BIRTHPLACE OF MOTHER (City) _____ (State or country) _____
Antigonish Col Nova Scotia

13 Informant *Catherine Cowen*
(Address) *24 Oakland St. Wintthrop*

14 Filed *July 31 1923*
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *S. A. Mowry*
R. G. B. G.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *July* _____, 19*23*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Sept* _____, 19*22*, to *July 3* _____, 19*23*, that I last saw him alive on *July 2* _____, 19*22*, and that death occurred, on the date stated above, at *11:50 A. m.* The CAUSE OF DEATH was as follows:

Chronic Spinal muscular atrophy Duchenne - Aran - Type
(duration) *20* yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted *At home*
if not at place of death? _____

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *Personal Observation*
(Signed) *R. B. Parker*, M.D.

(Address) *Wintthrop Mass*

Date *July 3 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Benedict N. Br.* DATE OF BURIAL *7/5/23*
(Cemetery) (City or town)

19 UNDERTAKER *Chas R. Bismarck* ADDRESS *Wintthrop*

Official position *Health Officer* Permit No. *607*
rate of issue of permit *July 4, 1923*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.

The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer — Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Menses (disease causing death), 29 da.; Bronchopneumonia (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Ashtmia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Hysteria," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. — Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — Gen. Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized diseases, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *119*
City or Town *Wentworth* No. *7* *Wiltshire St* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Ethelda Mand Ford*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence No. *7* *Wiltshire St* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *25* years *7* months *17* days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, _____ hrs. of _____ min.
25 *7* *17*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *at home* (b) Name of employer _____

8 BIRTHPLACE (City) *Wentworth* (State or country) *Mass*

9 NAME OF FATHER *Charles S. Ford*

10 BIRTHPLACE OF FATHER (City) *Pembroke* (State or country) *Mass*

11 MAIDEN NAME OF MOTHER *Etta Newell*

12 BIRTHPLACE OF MOTHER (City) *Wrentham* (State or country) _____

13 Informant *Mrs Etta Ford* (Address) *Wentworth* *7 Wiltshire St.*

14 Filed *6/31/1923* (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *S.A. Murray*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *July* *6* *1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *July 6*, 19*23*, to *July 6*, 19*23*, that I last saw her alive on *July 6*, 19*23*, and that death occurred, on the date stated above, at *11:30 P* m. The CAUSE OF DEATH was as follows:

Acute Myocarditis

CONTRIBUTORY (SECONDARY) *Epilepsy* (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? *at home*

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *Personal Observation* (Signed) *R. B. Parker*, M.D.

(Address) *Wentworth Mass* Date *July* *7* *1923* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wentworth* (Cemetery) *Wentworth* (City or town) DATE OF BURIAL *July 9-1923*

19 UNDERTAKER *C.R. Bennett* ADDRESS *Wentworth*

Official position *Health Officer* Date of issue of permit *7/9/23* Permit No. *609*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

July 6, 1923
[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestion," "Stimle," etc.), "Dropsy," "Exhaustion," "Heartfailure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . We shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths and 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.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

City or Town **Boston** No. **MASS. GENL. HOSPT.** (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Registered No. **6777** (Place of death)
 Registered No. **130** (Place of residence) St. _____ Ward _____

2 FULL NAME **ELLA SKINNER**

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **44 CLIFF AVE.** St. _____

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WID.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **EDWARD W.**

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
57 **6** **19**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **HOUSEWIFE**
 (h) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**
 (State or country)

9 NAME OF FATHER **JOHN CRAN**

10 BIRTHPLACE OF FATHER (city or town) **ENGLAND**
 (State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (city or town) **MARGARET CUTHBERTSON**
 (State or country) **SCOTLAND**

13 Informant **MRS. HODSKINS**
 (Address)

14 Filed **JULY 11, 1923** **E. W. M. Glenon** Registrar of city or town where death occurred
 Filed **July 15, 1923** Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JULY 8** 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **JULY 1**, 19**23** to **JULY 8**, 1923, that I last saw h **ER** alive on **JULY 8**, 1923, and that death occurred, on the date stated above, at **4:15 P. m.** The CAUSE OF DEATH was as follows:

CHOLELITHIASIS--PANCREATITIS

(duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY **CHOLEMIA--SHOCK**
 (SECONDARY) (duration) _____ yrs. _____ mos. **6** ds.

17 Where was disease contracted if not at place of death?
 Did an operation precede death? **YES** Date of **JUL. 2.**
 Was there an autopsy?
 What test confirmed diagnosis?
 (Signed) **A. W. REGGIO** M.D.
 , 19 (Address) **JULY 8**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **EVERETT (WOODLAWN)** DATE OF BURIAL **JUL. 11 1923**

19 UNDERTAKER **C. A. ROLLINS** ADDRESS

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back so that it may be properly classified.

PARENTS

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Sangu" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "P^{ER}—P^{ER}NATAL *septicemia, Perineural peritonitis, etc.*

State cause for which surgical operation was undertaken.

[Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.]

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass. Registered No. 120
 City or Town Wentworth No. 50 Park Ave St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J. Duffy
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. 50 Park Ave St., _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred _____ years 2 months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6 AGE Years _____ Months 3 Days — If LESS than 1 day, _____ hrs. _____ min.

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) Name of employer _____

8 BIRTHPLACE (City) Boston (State or country) Mass

9 NAME OF FATHER Joseph

10 BIRTHPLACE OF FATHER (City) Hall River (State or country) Mass

11 MAIDEN NAME OF MOTHER Margaret Dakins

12 BIRTHPLACE OF MOTHER (City) Newfoundland (State or country) _____

PARENTS

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 10 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that death occurred, on the date stated above, at 9 A m. The CAUSE OF DEATH was as follows:
acute intestinal infection (by rule of medical examiner)
 (duration) _____ yrs. _____ mos. 28 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? _____
 (Signed) J. J. Mahoney M.D.
 (Address) 358 Wentworth St
 Date July 10 1923
 (Month) (Day) (Year)

13 Informant Margaret Duffy
 (Address) 50 Park St. Wentworth

14 Filed July 31 1923
 (Month) (Day) (Year) REGISTRAR _____

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden DATE OF BURIAL July 11/23
 (Cemetery) (City or town)

19 UNDERTAKER John F. O'Malley ADDRESS Wentworth

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. S. A. Mowry Official position Health Officer Date of issue of permit 7/11/23 Permit No. 210

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Fibility" ("Congestial," "Stable," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
 County Suffolk State MASSACHUSETTS. Registered No. 121
 Township Wintthrop or Village _____ or
 City Fort Banks, Wintthrop No. _____ St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William O. Chatfield
 (a) Residence. No. 71 Lawn Ave. Quincy Mass. St., _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | |
|---|--|---|------------------|
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u> | |
| 5a If married, widowed, or divorced HUSBAND of <u>Hazel I. Chatfield.</u> (or) WIFE of | | | |
| 6 DATE OF BIRTH (month, day, and year) <u>Oct. 12, 1895</u> | | | |
| 7 AGE | Years <u>27</u> | Months <u>9</u> | Days <u>8</u> |
| | If LESS than 1 day, --- hrs. or --- min. | | |
| 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Field Clerk, U.S. Army</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer | | | |

9 BIRTHPLACE (city or town) Nyack N.Y.
 (State or country)

| | |
|---------|---|
| PARENTS | 10 NAME OF FATHER <u>Oscar J. Chatfield.</u> |
| | 11 BIRTHPLACE OF FATHER (city or town) <u>Davenport Iowa.</u> (State or country) |
| | 12 MAIDEN NAME OF MOTHER <u>Ella H. Fletcher.</u> |
| | 13 BIRTHPLACE OF MOTHER (city or town) <u>New York.</u> (State or country) <u>N.Y.</u> |

14 Informant Oscar J. Chatfield.
 (Address) 16 Ellsworth Ave. Brockton, Mass.

15 Filed _____, 1927
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20, 1923 1923

17 I HEREBY CERTIFY, That I attended deceased from
July 12, 1923, to July 20, 1923,
 that I last saw him alive on July 20th, 1923,
 and that death occurred, on the date stated above, at 12.10 pm
 The CAUSE OF DEATH* was as follows:

Septicemia following acute gangrenous ruptured appendix, unoperated suppurative peritonitis, operation for appendix performed at terminal phenylmercuric sulphide
Septicemia (duration) 0 yrs. 0 mos. 8 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted _____ if not at place of death? Quincy, Mass.

Did an operation precede death? yes. Date of July 12-1923

Was there an autopsy? NO.

What test confirmed diagnosis? _____ (Signed) Dr. Greenwell, M.D.

7/20, 1923 (Address) 71. Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL West Bridgewater, Mass. DATE OF BURIAL July 22 1923

20 UNDERTAKER C. R. Benson ADDRESS Wintthrop, Mass.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. A. Mowbray Health Officer

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid, *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy" "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
 BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wenatch
(City or town)

1 PLACE OF DEATH

County *Suffolk*

State

Registered No. *122*

City or Town *Wenatch*

No. *Wenatch Community Hospital* St. *1st* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Dorothea Cross

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *12 Cottage ave* St. *Wenatch Mass*
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *3* years *0* months *0* days. How long in U. S., if of foreign birth? *5* years *0* months *0* days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

15 DATE OF DEATH *July 21 1923*
(Month) (Day) (Year)

5a If married, widowed, or divorced ~~HUSBAND~~ of *Reginald H. Cross*
(or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from *July 21 1923* to *July 21 1923*.
That I last saw her alive on *July 21 1923*

6 AGE Years *26* Months *5* Days *10* If LESS than 1 day.....hrs. of.....min.

and that death occurred, on the date stated above, at *11:45 P* m.
The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here

Interstitial Pregnancy

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *at home*

(duration) yrs. *3* mos. ds.

(b) Name of employer

CONTRIBUTORY (SECONDARY) *Surgical shock following operation* (duration) *5 hours* yrs. mos. ds.

8 BIRTHPLACE (City) *England*
(State or country)

17 Where was disease contracted *at home* if not at place of death?

9 NAME OF FATHER *Herbert C Jelliman*

Did an operation precede death? *Yes* Date of *July 21 1923*

10 BIRTHPLACE OF FATHER (City) *England*
(State or country)

Was there an autopsy? *No*

11 MAIDEN NAME OF MOTHER *Edith M. Roberts*

What test confirmed diagnosis? *Personal Abortion*
(Signed) *R. B. Parker* M.D.

12 BIRTHPLACE OF MOTHER (City) *England*
(State or country)

(Address) *Wenatch Mass*
Date *July 23 1923*
(Month) (Day) (Year)

13 Informant *Reginald Cross*
(Address) *12 Cottage ave. Wenatch Mass*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Anthony Cambridge*
(Cemetery) (City or town) DATE OF BURIAL *July 24-23*

14 Filed *July 23 1923*
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER *C. R. Benner* ADDRESS *Wenatch*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *J. A. Mowry*

Official position *Health Officer* Date of issue of permit *7 27 23* No. *613*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

July 21, 1923.
[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winsten
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No. 123

City or Town

Winchuck

No.

Community Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frances Kirby

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

15 Sturgis

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Berth Lee Kirby

6 AGE

Years

Months

Days

If LESS than

54

—

—

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(Clerk) Winchuck

(b) Name of employer

Drug Store

8 BIRTHPLACE (City)

Newark

(State or country)

N. J.

9 NAME OF
FATHER

Thomas. Haigh

10 BIRTHPLACE OF
FATHER (City)

England

(State or country)

11 MAIDEN NAME
OF MOTHER

Ann. Crow

12 BIRTHPLACE OF
MOTHER (City)

England

(State or country)

13

Informant

Helen Morris

(Address)

15 Sturgis St

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. A. Maury
9/7/23

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July

22

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 18

1923, to

July 22

1923.

that I last saw her alive on

July 22

1923,

and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH was as follows:

Cerebral Haemorrhage.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? NONE

(Signed)

Edward J. Franzen

M.D.

(Address)

7 Irving St. Winchuck

Date

July

23

1923.

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winchuck Winchuck

(Cemetery)

(City or town)

DATE OF BURIAL

7/25/23

19 UNDERTAKER

C. R. Benson

ADDRESS

Winchuck

Official position

Health Officer

Date of
issue
of permit

7/24/23

Permit

No. 612

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A FEMININE RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archivist, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestal," "Sedle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

PHYSICIANS should state CAUSE OF DEATH exactly. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Hinthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

124

City or Town

Hinthrop No. 254 Main St

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Eleanor Mae Pisco

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

254 Main St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female White Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

18

2

17

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

School

8 BIRTHPLACE (City)

(State or country)

Hinthrop Mass

9 NAME OF
FATHER

Benjamin

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Italy

11 MAIDEN NAME
OF MOTHER

Fedela Sessa

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Italy

13 Informant

(Address)

Fedela Sessa

254 Main St

14

Filed

July 31 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory
standard certificate of death was filed with me
BEFORE the burial or transit permit was issued.J. C. Mowry
S.P.F.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July 25 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 1921, to July 25 1923

that I last saw her alive on July 24 1923

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Trainger, M.D.

(Address)

7 Irving St.

Date

July 26 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Joseph Cem.
(Cemetery) Hinthrop (City or town)

July 27 1923

19 UNDERTAKER

ADDRESS

J. P. Ransome Boston

Official
position

Health Officer

Date of
issue

7/26/23

Permit
No.

614

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter. Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salsman, (b) Grocery; (a) Foreman, (b) Automobile factory.

The maternal worked on many form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer — Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not faintly employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Former (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indelicate); Tuberculosis of lungs, meningis, peritonium, etc., Carcinoma, Sarcoma, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Scarle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information when they give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, ganagrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — Gen. Laws, Chap. 49, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall nevertheless furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — Gen. Laws, Chap. 38, Sec. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

PHYSICIANS should state CAUSE OF DEATH exactly. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)
Registered No. 125

1 PLACE OF DEATH
County Suffolk State Mass.
City or Town Winthrop No. Winthrop Community Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Reed.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 12 Court Rd. St. St. Ward. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here Still born.

15 DATE OF DEATH July 29, 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 29, 1923, to July 29, 1923, that I never saw h. or alive on July 29, 1923, and that death occurred, on the date stated above, at 10 A m. The CAUSE OF DEATH was as follows:
Still born

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

Pro lapse of Cord.
duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (City) Winthrop
(State or country) Mass.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

9 NAME OF FATHER John Reed, Jr.
10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.
11 MAIDEN NAME OF MOTHER Mabel Thurston
12 BIRTHPLACE OF MOTHER (City) North Haven
(State or country) Maine.

17 Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? Personal Observation
(Signed) R. B. Parker, M.D.
(Address) Winthrop Mass
Date July 30, 1923.
(Month) (Day) (Year)

13 Informant John Reed, Jr. (father)
(Address) 12 Court Road.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop
(Cemetery) (City or town) Winthrop
DATE OF BURIAL July 29, 1923

14 Filed Aug 13 1923
(Month) (Day) (Year) REGISTRAR _____

19 UNDERTAKER Parker R. Benson
ADDRESS 147 Winthrop St. Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. Macey
Official position Health Officer Date of issue of permit Aug 2, 1923 Permit No. 616

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

July 29, 1923

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Cartwright*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*. (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever*; *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Melancholia*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asplenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Comatose," "Semi," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is received.

(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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

Suffolk
Winthrop

State

Mass.

(City or town)

Registered No.

126

No.

66 Nahant Ave.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Katherine E. Carlin

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 2 Wallace Ct
(Usual place of abode)

St.,

Ward.

Charlestown

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

John Carlin

6 AGE

68

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Home

(b) Name of employer

8 BIRTHPLACE (City)

Ireland

(State or country)

9 NAME OF FATHER

Don. Murtha

10 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME OF MOTHER

Katherine Murtha

12 BIRTHPLACE OF MOTHER (City)

Ireland.

(State or country)

13

Informant (Address)

Mr. J. Murphy
12 Wallace Ct Charlestown.

14

Filed

July 31, 1923
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July
(Month)

31
(Day)

1923
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 25, 1923, to July 31, 1923,

that I last saw her alive on

July 31, 1923,

and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.
Sen. Arterio Sclerosis

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Astley M.D.

(Address)

200 Pleasant St.

Date

July
(Month)

31
(Day)

23
(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wiley Cross Malden.
(City or town)

DATE OF BURIAL

Aug. 3, 1923

19 UNDERTAKER

J. J. Callahan, Boston.

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

J. J. Murphy

Official position

Health Officer

Date of issue of permit

7-3-23

Permit No.

615

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

July 31. 1923

PHYSICIANS should state CAUSE OF DEATH EXACTLY. AGE should be stated EXACTLY. In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County *Suffolk*

State *Mass*

Registered No. *131*

City or Town *Winthrop*

No. *47*

Elmwood Ave

St. *W*

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Elinor M Jenkins

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *40 Elmwood Ave*

(Usual place of abode)

St. *W*

Ward

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years *38* Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at home*
(b) Name of employer

8 BIRTHPLACE (City)

(State or country) *Boston Mass.*

9 NAME OF FATHER *William H.*

10 BIRTHPLACE OF FATHER (City) *Boston*
(State or country) *Mass.*

11 MAIDEN NAME OF MOTHER *Katherine Greef*

12 BIRTHPLACE OF MOTHER (City) *London*
(State or country) *England*

13 Informant *Mr. Frank Jenkins*
(Address) *40 Elmwood Ave*

14 Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Aug - 8*, 19*23*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Jan. 31*, 19*23*, to *Aug 8*, 19*23*, that I last saw him alive on *Aug 8*, 19*23*, and that death occurred, on the date stated above, at *3:00 P. M.*

The CAUSE OF DEATH was as follows:

concomitant of Intestine - liver + stomach
(duration) *2* yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *yes*. Date of *Dec 1, 1921*

Was there an autopsy? *no*

What test confirmed diagnosis? *Microscope*
(Signed) *Edward J. Dracoger*, M.D.

(Address) *2 Green St.*
Date *Aug 8*, 19*23*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Alvarus Boston*
(Cemetery) (City or town) DATE OF BURIAL *Aug 9, 1923*

19 UNDERTAKER *John F. O'Malley* ADDRESS *Winthrop*

Official position *Health Officer* Date of issue of permit *Aug 9, 1923* Permit No. *617*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer", "Foreman", "Manager", "Dealer", etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Firmly retired, 6 yrs.*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Examples: *Malaria* (disease causing death), *99 ds.*; *Bronchopneumonia* (secondary), *10 da.*. Never report mere symptoms or terminal conditions, such as "Ashtania", "Anemia" (merely symptomatic), "Atrophy", "Collapse", "Coma", "Convulsions", "Debility" ("Congenital", "Senile," etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemorrhage", "Insanition", "Marasmus", "Old age", "Shock", "Uremia", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia", "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall buy or a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass. Registered No. 132
 City or Town W. North No. 48 Shore Drive St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Almina Smith
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 48 Shore Drive St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 years 2 months 2 days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
73 6 _____

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retiree
 (b) Name of employer Physician

8 BIRTHPLACE (City) Westfield
 (State or country) Mass.

9 NAME OF FATHER Henry B. Smith

10 BIRTHPLACE OF FATHER (City) Lyme
 (State or country) Conn.

11 MAIDEN NAME OF MOTHER Almina Mathers

12 BIRTHPLACE OF MOTHER (City) Westfield
 (State or country) Mass.

13 Informant James M. Smith
 (Address) Burdence R. 4.

14 Filed Aug 13 1923
 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. S. Mowrey

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 10 Friday 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Friday July 20th, 1923, to Friday Aug. 10th, 1923, that I last saw her alive on Friday Aug. 10th at 9 A.M., 1923, and that death occurred, on the date stated above, at 11:15 A.M.

The CAUSE OF DEATH was as follows:
Cerebral hemorrhage
 _____ (duration) _____ yrs. _____ mos. 17 ds.

CONTRIBUTORY Astoria - Columbus - White Station 6th St.
 (SECONDARY) West River (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? West River

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? The symptoms suggestive of meningitis
 (Signed) Miss Cornely - French, M.D.

(Address) 30 Magnolia St. Uxbridge, Mass.
 Date August Friday, 1923
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Pine Hill Westfield Mass.
 (Cemetery) (City or town) DATE OF BURIAL Aug 11-23

19 UNDERTAKER C. R. Burman ADDRESS W. North

Official position Health Officer Date of issue of permit 8-10-23 Permit No. 618

N. B. WHITE LABEL, WITH CHANGING SERIAL NUMBER, IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10, 1923
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Cook*, *Painter*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Strawer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Greenery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 2d ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia's" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 89, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 89, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH (ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)
 County Suffolk State Mass Registered No. 133
 City or Town 325 Shirley St Winthrop No. Winthrop St. Winthrop Ward Winthrop
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Ella Frances Wendell
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. 325 Shirley St Winthrop St. Winthrop Ward Winthrop
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

15 DATE OF DEATH Aug - 12 - 1923
 (Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Quincy Wendell

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

6 AGE Years _____ Months 4 Days 12 If LESS than 1 day, _____ hrs. or _____ min.

hemorrhage per neoplasm of Pelvis
Probably carcinoma uterus
natural causes.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife
 (b) Name of employer

Found dead in her own bed

8 BIRTHPLACE (City) East Boston Mass
 (State or country)

9 NAME OF FATHER Jephemiah Bradford

(See reverse side for description for unknown person)

10 BIRTHPLACE OF FATHER (City) Plymouth Mass
 (State or country)

17 Where was injury sustained if not at place of death?

11 MAIDEN NAME OF MOTHER Jessie Pendrick

(Signed) Wm. J. Snieley M.D.
 (Address) 496 Cornhill Ave

12 BIRTHPLACE OF MOTHER (City) Bridgdon
 (State or country) Nova Scotia

Medical Examiner for Suffolk
 Date Aug - 12 - 1923
 (Month) (Day) (Year)

13 Informant George B Wendell
 (Address) 325 Shirley St Winthrop

18 PLACE OF BURIAL, CREMATION, or REMOVAL Woodlawn DATE OF BURIAL Overett Aug 14 1923
 (Cemetery) (City or town) (Month) (Day) (Year)

14 Filed _____ (Month) (Day) (Year) REGISTRAR _____

19 UNDERTAKER Charles R. Bemison ADDRESS Winthrop

20 Burial permit issued by S. G. Moore Official position Health Officer 21 Date of issue Aug. 13 1923 Permit No. 67

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
 FROM THE LAWS OF THE
 COMMONWEALTH OF MASSACHUSETTS
 GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
 — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Mrs. Francis Wendell
 Aug. 12. 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

Registered No. 134

1 PLACE OF DEATH

County SuffolkState MassCity or Town WinthropNo. 40 Argyle St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Arthur Trainor

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 40 Argyle

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

43161 day,.....hrs.
or.....mo.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Winthrop
Mass9 NAME OF
FATHERHugh J. Trainor10 BIRTHPLACE OF
FATHER (City)

(State or country)

East Boston
Mass11 MAIDEN NAME
OF MOTHERMarie Murphy12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Winthrop
Mass

13

Informant

(Address)

Hugh J. Trainor
40 Argyle St.

14

Filed

Aug 31 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.S.A. Maury

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug 14 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug. 13, 1923, to Aug. 14, 1923,that I last saw him alive on Aug. 13, 1923,and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH was as follows:

Gastro-enteritis

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. 3-4 ds.

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Vomiting and frequent
stools

(Signed)

Albert Ashur

, M.D.

(Address)

32 War Way

Date

Aug 14 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop
(Cemetery)Winthrop
(City or town)Aug 15, 1923

19 UNDERTAKER

ADDRESS

John F. MalleyWinthropOfficial
positionHealth OfficerDate of
issue
of permitAug 14, 1923Permit
No.620WHILE FILLING IN THIS FORM, PHYSICIANS SHOULD STATE CAUSE OF DEATH
IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE
INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Cartwright*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Koreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelicate); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic infectious nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Stable," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 135
City or Town Winthrop No. 52 Atlantic St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Leeds Tewksbury
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 52 Atlantic St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
90 6 25

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer _____

8 BIRTHPLACE (City)

Winthrop
Mass.

(State or country)

9 NAME OF FATHER

John W. Tewksbury

10 BIRTHPLACE OF FATHER (City)

Winthrop
Mass.

(State or country)

11 MAIDEN NAME OF MOTHER

Abigail Sturgis

12 BIRTHPLACE OF MOTHER (City)

Boston
Mass.

(State or country)

13

Informant

Isaac C. Hall
(Address) 52 Atlantic St.

14

Filed

Aug 21 1923
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 17 1923
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from _____, 1910, to Aug 17, 1923that I last saw him alive on Aug 15, 1923and that death occurred, on the date stated above, at 10 7 m.

The CAUSE OF DEATH was as follows:

Severe Anemia
(pernicious)(duration) _____ yrs. 6 mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Arterio Sclerosis
Severe

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Orville E. Johnson, M.D.(Address) 123 WinthropDate Aug 17 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL

Aug 17 1923

19 UNDERTAKER

Charles R. Beninson

ADDRESS

Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Official position

Health Officer

Date of issue

Aug 18 1923

Permit No.

621

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If relieved from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Current disease causing death, 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Oma," "Convulsions," "Debility," "Congestive," "Scarla," etc.); "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. When a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

mass

Registered No.

136

City or Town

Winthrop

No.

44 Wilshire St.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joseph Lampasona

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

44 Wilshire St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

*white*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*widowed*

5a If married, widowed, or divorced

HUSBAND of

~~(or) WIFE of~~*Anna S. V. Lampasona*

6 AGE

Years

Months

Days

If LESS than

*74**6*

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Pottery*

(b) Name of employer

8 BIRTHPLACE (City)

Salemi

(State or country)

*Italy*9 NAME OF
FATHER*Giovanni Lampasona*10 BIRTHPLACE OF
FATHER (City)*Salemi*

(State or country)

11 MAIDEN NAME
OF MOTHER*Vincenza Napoli*12 BIRTHPLACE OF
MOTHER (City)*Salemi*

(State or country)

Italy

13

Informant

Frank Lampasona son

(Address)

44 Wilshire St. Winthrop mass

14

Filed

Aug 31 1923

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug
(Month)*17*
(Day)*1923*
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 17, 1923, to *Aug 17*, 1923,that I last saw him alive on *Aug 17*, 1923,and that death occurred, on the date stated above, at *9:40 P. m.*

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration)

yrs.

mos. *3 1/2*CONTRIBUTORY
(SECONDARY)*Autism sclerotic*

(duration)

yrs.

mos. ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *No*

What test confirmed diagnosis?

(Signed)

Richard J. Dudley, M.D.

(Address)

114 Pleasant St

Date

Aug 18 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop mass
(Cemetery) (City or town)

DATE OF BURIAL

Aug 20 1923

19 UNDERTAKER

C R Bennisson

ADDRESS

*Winthrop mass*20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.*S. J. Murray*Official
position*Health Officer*Date of
issue
of permit*8-15-23*

Permit

No. *622*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths as 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 occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anomia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scoble" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mitted on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: *Abortion*, *cellulitis*, *childbirth*, *convulsions*, *hemorrhage*, *gangrene*, *gastroitis*, *erysipelas*, *meningitis*, *miscar-riage*, *necrosis*, *peritonitis*, *phlebitis*, *pyemia*, *septicemia*, *septicæmia*, *betanus*.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

W. Woodside
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

111650

Registered No.

137

City or Town

Wrentham

No.

105 Woodside Ave.

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Dorcas Foster Flagg

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

105 Woodside Ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

David H. Flagg

6 AGE

Years

Months

Days

If LESS than

77

4

1

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At home

(b) Name of employer

8 BIRTHPLACE (City)

Cutler

(State or country)

Maine

9 NAME OF
FATHER

George Prover

10 BIRTHPLACE OF
FATHER (City)

Cutler

(State or country)

Maine

11 MAIDEN NAME
OF MOTHER

Elizabeth Murphy

12 BIRTHPLACE OF
MOTHER (City)

Cutler

(State or country)

Maine

13

Informant

Louise B. Noree

(Address) 1

65 Woodside Ave.

14

Filed

Aug 31 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

S. J. Murray

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug

21

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 31, 1923, to Aug 21, 1923,

that I last saw her alive on Aug 21, 1923,

and that death occurred, on the date stated above, at 11:00 A. M.

The CAUSE OF DEATH was as follows:

Cerebral Edema

(duration)..... yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY)

Arterio sclerosis

(duration) 10+ yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard M. Deane, M.D.

(Address) 114 Pleasant St.

Date Aug 21 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR-REMOVAL

Forest Hills, Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 23 1923

19 UNDERTAKER

Charles R. Beninson

ADDRESS

Wrentham

Official Health Officer

Date of
issue
of permit

Aug 22 1923

Permit

No. 623

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem, etc.*, *Curculoma, Sarcoma*, etc., *of*, (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Sciele," etc.), "Dropsy," "Expansion," "Heart failure," "Hemorrhage," "Intanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 4E.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County *Suffolk* State *Mass* Registered No. *138*
City or Town *Winthrop* No. *53 Thornton Plk* St., *Ward*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alice L Johnson
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *53 Thornton Plk* St., *Ward*.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred *8* years *0* months *0* days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Divorced* (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Eric Johnson*

6 AGE Years *44* Months *0* Days *27* If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *clerk*
(b) Name of employer *Hotel Co*

8 BIRTHPLACE (City) *Boston*
(State or country) *Mass*

9 NAME OF FATHER *Michael Scott*

10 BIRTHPLACE OF FATHER (City) *St. Louis*
(State or country) *Mo*

11 MAIDEN NAME OF MOTHER *Imie Conner*

12 BIRTHPLACE OF MOTHER (City) *Boston*
(State or country) *Mass*

13 Informant *Annie Scott*
(Address) *53 Thornton Plk*

14 Filed *Aug 23 1923*
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Aug 21 1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Aug 19 1922*, to *Aug 21 1923*, that I last saw him alive on *Aug 21 1923*, and that death occurred, on the date stated above, at *5 P.M.*
The CAUSE OF DEATH was as follows:

Carcinoma of Rectum

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
(Signed) *Harry A. Kelly*, M.D.
(Address) *200 1/2 Leonard St*
Date *Aug 21 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Mary's Ch. Winthrop*
(Cemetery) (City or town) DATE OF BURIAL *Aug. 31 23*

19 UNDERTAKER *Isaac...* ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *S. G. Young* Official position *Health Officer* Date of issue of permit *Aug 23 1923* Permit No. *624*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stipulating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as for the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . . We shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housework*, or who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, eclampsia, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

¹ PLACE OF DEATH Wintthrop (No. 215 Bay View Ave. St.; Ward)

² FULL NAME Catherine E. Kelly
[If married or divorced woman or widow give maiden name, also name of husband.]

³ RESIDENCE 19 High St Everett Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

⁴ SEX ♀ ⁵ COLOR OR RACE W ⁶ SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

¹⁰ DATE OF DEATH Aug 27, 1923
(Month) (Day) (Year)

⁸ DATE OF BIRTH Aug. 13 - 1856, 1.....
(Month) (Day) (Year)

¹¹ I HEREBY CERTIFY that I attended deceased from June 1, 1920, to Aug 27, 1923, that I last saw her alive on Aug 26, 1923, and that death occurred, on the date stated above, at 12:15 m.

⁷ AGE 67 If LESS than 1 day..... hrs. 14 or..... min. ?
..... yrs. mos. ds.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage of Bladder

⁹ OCCUPATION (a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)

Did a surgical operation precede death? No Date

⁹ BIRTHPLACE (State or country) Boston

Contributory Uræmia
(Duration)..... yrs. mos. ds.

¹⁰ NAME OF FATHER Dennis Tansley

(Signed) Richard H. Moore, M.D.
Aug 27, 1923 (Address) 25 Cornhill Everett

¹¹ BIRTHPLACE OF FATHER (State or country) Ireland

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹² MAIDEN NAME OF MOTHER Bridget Burns

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

¹³ BIRTHPLACE OF MOTHER (State or country) Ireland

Where was disease contracted, if not at place of death?
Former or usual residence

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Kelly
(Address) 19 High St. Everett

¹⁵ PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Aug 29, 1923

Filed Aug 31, 1923

UNDERTAKER Samuel J. ... ADDRESS

REGISTRAR

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Everett notified

STANDARD CERTIFICATE OF DEATH.

Aug. 27, 1923.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Taber-*

culosis of lungs, meninges, peritonaeum, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Broncho-pneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Crna," "Convulsions," "Debility" ("Con gen ital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken.

- Cases for the Medical Examiners.**—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:
1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
 2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Erpousure*, etc.
 3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
 4. Deaths under circumstances unknown, as *A person found dead*, etc.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

140

City or Town

Boston
Winthrop

No.

36 Nevada

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Andrew L. Green

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36 Nevada St. Winthrop, Mass. (Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 years months days

years

months

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Lois A.

6 AGE

46

Years

7

Months

27

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Salesman

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Canada

9 NAME OF FATHER

Thomas Green

10 BIRTHPLACE OF FATHER (City)

(State or country)

Canada

11 MAIDEN NAME OF MOTHER

Ellen Larrion

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Canada

13

Informant

(Address)

Dorothy A. Green
36 Nevada St. Winthrop

14

Filed

Aug 23, 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. J. Moury

15 DATE OF DEATH

(Month)

Aug 28, 1923

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug. 21, 1923, to August 28, 1923

that I last saw him alive on Aug. 27, 1923

and that death occurred, on the date stated above, at 1:00 p. m.

The CAUSE OF DEATH was as follows:

Subacute glomerular
Nephritis

(duration)

10 mos.

ds.

CONTRIBUTORY

(SECONDARY)

Uraemia

(duration)

7

mos.

ds.

17 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death?

No Date of

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

R. H. Delphatick, M.D.

(Address)

638 Beacon St.

Date

Aug 28, 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hills

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 30, '23

19 UNDERTAKER

W. H. Graham

ADDRESS

Boston

Official position

Health Officer

Date of issue

of permit

Aug 29-23

Permit No.

626

PHYSICIANS should state CAUSE OF DEATH. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Aug. 25, 1923.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

141

City or Town

Winthrop

No.

139 Bluff Ave

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Solomon Schryver

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 139 Bluff Ave
(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Rossette

6 AGE

Years
88

Months

1

Days

22

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) Name of employer

At Home

8 BIRTHPLACE (City)

Amsterdam

(State or country)

Holland

9 NAME OF
FATHER

Joseph F Schryver

10 BIRTHPLACE OF
FATHER (City)

Amsterdam

(State or country)

Holland

11 MAIDEN NAME
OF MOTHER

Betsy Van Wezel

12 BIRTHPLACE OF
MOTHER (City)

Amsterdam

(State or country)

Holland

13 Informant

(Address)

Mrs Bessie S Cobb
139 Bluff Ave Winthrop

14 Filed

(Month)

(Day)

(Year)

Oct. 4 1923

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

J. P. Maury

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept 3

1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

....., 1923, to Sept 2, 1923,

that I last saw him alive on Sept 2, 1923,

and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH was as follows:

Chronic Parenchymatous
Nephritis

(duration) none yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Chronic Myocarditis

(duration) none yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Nathaniel V. Sheanon, M.D.

(Address)

7 Clinton St.

Date

Sept. 4 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

Knollwood Canton Mass

(City or town)

Sept 5 1923

19 UNDERTAKER

ADDRESS

Frank E. Brown East Boston

Official
position

Health Officer

Date of
issue
of permit

9/5/23

Permit

No. 627

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Sept. 3 1943

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Cart engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary). 10 ds. Never report more symptoms or terminal conditions, such as "Asbestosis," "Anemia" (merely symptomatous), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-fluxion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscer-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —Gen. Laws, Chap. 114, Sec. 47.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —Gen. Laws, Chap. 85, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. —Gen. Laws, Chap. 85, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths sup-posable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

DENNIS

(City of Birth)

1 PLACE OF DEATH

County Barnstable State Mass
 City or Town Dennis No. _____ St. _____ Ward _____

Registered No. _____ (Place of death)
 Registered No. 142 (Place of residence)

2 FULL NAME

Browning Kelley Baker
142 Pleasant (If in the Army or Navy of the United States, give rank, organization, etc.)
 City or Town Winthrop

(a) Residence. State _____ City or Town _____ No. _____ St. _____
 (Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single

15 DATE OF DEATH Sept 12, 1923
 (Month) (Day) (Year)

5a If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

16 I HEREBY CERTIFY, That I attended deceased from
Aug 20, 1923, to Sept 12, 1923
 that I last saw h. im alive on Sept 9, 1923

6 AGE Years Months Days If LESS than
52 11 21 1 day, _____ hrs.
 or _____ min.

and that death occurred, on the date stated above, at 10 A. m.
 The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here

Cancer-pylorus

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Furniture Dealer
 (b) Name of employer _____

About (duration) 2 yrs. _____ mos. _____ ds.

8 BIRTHPLACE (city or town) _____
 (State or country) Mass

CONTRIBUTORY Pyloric Obstruction
 (SECONDARY) (duration) 1 yrs. _____ mos. _____ ds.

9 NAME OF FATHER Browning K. Baker

10 BIRTHPLACE OF FATHER (city or town) Dennis
 (State or country) Mass

17 Where was disease contracted Unknown
 if not at place of death? No
 Did an operation precede death? _____ Date of _____

11 MAIDEN NAME OF MOTHER Abbie Theresa Baxter

12 BIRTHPLACE OF MOTHER (city or town) Dennis
 (State or country) Mass

Was there an autopsy? No
 What test confirmed diagnosis? X-Ray
 (Signed) G. H. Gray, M.D.

13 Informant Adelbert Baker
 (Address) _____

18 PLACE OF BURIAL, CREMATION, OR REMOVAL South Dennis DATE OF BURIAL Sept 15/23

14 Filed 9/6/23 Bens F. Dean Registrar of city or town where death occurred
 Filed Sept 8, 1923 Registrar of city or town where deceased resided

19 UNDERTAKER M. H. Crowell ADDRESS So Yarmouth

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PARENTS

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatsoever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia?"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Commission on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6*

. . . The shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

143

City or Town

Waltham

No.

54 Waltham Shore Drive St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jena Ann. Thompson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

54 Shore Drive

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

7 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Widow*

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Edward M. Thompson*

6 AGE

Years

79

Months

8

Days

10

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*at home*

(b) Name of employer

8 BIRTHPLACE (City)

Sackville

(State or country)

*New Brunswick*9 NAME OF
FATHER*James A. Anderson*10 BIRTHPLACE OF
FATHER (City)*Canada*

(State or country)

*unable to obtain*11 MAIDEN NAME
OF MOTHER*Anna Tingley*12 BIRTHPLACE OF
MOTHER (City)*Canada*

(State or country)

unable to obtain

13

Informant

Mrs. C. H. McLean

(Address)

14

Filed

Oct 4 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.*J. A. Maury*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept. 12
(Month)*1923*
(Day)*1923*
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

on Sept. 12, 1923, to _____, 19__

that I last saw h_____ alive on _____, 19__

and that death occurred, on the date stated above, at *6:20 (A) M.*

The CAUSE OF DEATH was as follows:

Was dead when I arrived. Had been sitting up facing herself - and gasping for air - Apparently natural causes. Acute dilatation probably _____ mos. _____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed)

Edward J. Franzen

M.D.

By order of Dr. Franzen, M.D. 7, 1923. Waltham, Mass. Exam. 1923.
Date _____ (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Cambridge Cemetery Cambridge
(Cemetery) (City or town)

DATE OF BURIAL

Sept. 14 1923

19 UNDERTAKER

C. R. Benson

ADDRESS

*Waltham*Official
position*Health Officer*Date of
issue*9/13/23*

Permit

No. *228*PHYSICIANS should state CAUSE OF DEATH
should be carefully supplied. AGE should be stated EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH
in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See
instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, *e. g.*, *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. Put in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter*, (b) *Collon miter*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteric* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningis, peritonem, etc.*, *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less desirable; avoid use of "Tumor" for malignant neoplasms; *Melias*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Melias* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestion," "Stimle," etc.), "Dropsy," "Explanation," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . Ho shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

PHYSICIANS should state CAUSE OF DEATH EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass. Registered No. 144
 City or Town Windsor Boston No. 130 Crown St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mollie Ritchie Cole
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 535 Beacon St., Boston Ward. Boston
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced
 HUSBAND of Elto Bernard Cole
 (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
57 9 16

If STILLBORN, enter that fact here

15 DATE OF DEATH September 15 - 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 19th, 1923, to Sept. 8, 1923, that I last saw her alive on Sept. 8, 1923 and that death occurred, on the date stated above, at 5 p. m. The CAUSE OF DEATH was as follows:
Chronic Myocarditis

7 OCCUPATION OF DECEASED -
 (a) Trade, profession, or particular kind of work None
 (b) Name of employer

8 BIRTHPLACE (City) Boston
 (State or country) Mass. Suffolk.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
 (duration) 2 yrs. mos. ds.

17 Where was disease contracted if not at place of death? Boston
 (duration) 2 yrs. mos. ds.

PARENTS

9 NAME OF FATHER John Ritchie

10 BIRTHPLACE OF FATHER (City) Gorham
 (State or country) Libby Island.

11 MAIDEN NAME OF MOTHER Mary White

12 BIRTHPLACE OF MOTHER (City) Ballymasua
 (State or country) Ireland.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?
 (Signed) John H. Blodgett, M.D.
 (Address) 310 Comm. Ave. Boston
 Date September 15th, 1923
 (Month) (Day) (Year)

13 Informant Mollie Ritchie
 (Address) 115 Washington St. Walden

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Mass. Cremation
 (Cemetery) (City or town) Crematory

DATE OF BURIAL 9/19/23

14 Filed Oct 4 1923
 (Month) (Day) (Year) REGISTRAR

19 UNDERTAKER J. S. Waterhouse
 ADDRESS 2316 Washington St. Boston Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. S. A. Young
2.3.23

Official position Health Officer Date of issue of permit Sept. 15, 1923 Permit No. 629

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

15 1923
Approved by U. S. Census and American Public Health Association!

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Maremmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, calicivirus, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

22
 carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

BOSTON

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Massachusetts
 City or Town Boston No. MASS. GEN. HOSPT.

(City or town)
 Registered No. 8486
 (Place of death)
 Registered No. 146
 (Place of residence)
 St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

ANNA CROSBY

(a) Residence. State MASS. City or Town WINTHROP No. 42 CENTRE St. _____
 (If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of CHARLES F.

6 AGE Years _____ Months _____ Days 20 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work AT HOME
 (b) Name of employer _____

8 BIRTHPLACE (city or town) BOSTON
 (State or country) _____

9 NAME OF FATHER ROBERT DUDDY

10 BIRTHPLACE OF FATHER (city or town) BOSTON
 (State or country) _____

11 MAIDEN NAME OF MOTHER _____

12 BIRTHPLACE OF MOTHER (city or town) _____
 (State or country) _____

13 Informant HUSBAND
 (Address) _____

14 Filed SEPT. 24, 1923 E. W. M. Glenen
 Registrar of city or town where death occurred
 Filed Oct. 27, 1923
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH SEPT. 19 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from SEPT. 18, 1923, to SEPT. 19, 1923, that I last saw hER alive on SEPT. 19, 1923, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:

GALL STONES- MALIGNANT DISEASE OF GALL BLADDER AND LIVER

(duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY PERITONITIS
 (SECONDARY) (duration) _____ yrs. _____ mos. 8 HRS ds.

17 Where was disease contracted if not at place of death? _____
 Did an operation precede death? YES Date of SEP. 19
 YES
 Was there an autopsy? _____
 What test confirmed diagnosis? _____
 (Signed) G. A. MAC LIVER, M.D.
 _____ 19 (Address) SEPT. 20

18 PLACE OF BURIAL, CREMATION, OR REMOVAL WINTHROP (WINTHROP CEM) DATE OF BURIAL SEP. 22, 1923

19 UNDERTAKER F. E. BROWN ADDRESS _____

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespectively of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be filled in when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Drover," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (*not* paid *Housekeeper* or *Housework*), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (traded, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation); using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

County Suffolk

STANDARD CERTIFICATE OF DEATH

Township _____

State of Massachusetts

or _____

Village _____

or _____

City Winthrop (No. Station Hospital, Fort Banks St.; Ward _____)Registered No. 1-1-5

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME Patricia Ann Craven

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

³ SEXFemale⁴ COLOR OR RACEWhite⁵ SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)-----¹⁶ DATE OF DEATHSeptember 20, 1923.
(Month) (Day) (Year)⁶ DATE OF BIRTHSeptember 17, 1923.
(Month) (Day) (Year)¹⁷ I HEREBY CERTIFY, That I attended deceased fromSept. 17, 1923, to Sept. 20, 1923.that I last saw her alive on Sept. 20, 1923.and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Intra-cranial Hemorrhage(Duration) _____ yrs. _____ mos. 3 ds.Contributory Instrumental Delivery(Duration) _____ yrs. _____ mos. 3 ds.(Signed) Roy W. Layton, M. D.Roy W. Layton, Capt. M.C.U.S.A.
Sept. 20, 1923. (Address) Winthrop, Mass.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence. _____

¹⁹ PLACE OF BURIAL OR REMOVALWinthrop, Mass.

DATE OF BURIAL

9/22, 1923²⁰ UNDERTAKERC. R. Benson

ADDRESS

Winthrop

REGISTRAR

S. G. Mowry Health Officer 9.22.23 030¹⁰ NAME OF FATHERRobert Clyde Craven

PARENTS

¹¹ BIRTHPLACE OF FATHER (State or country)Elnora, Michigan.¹² MAIDEN NAME OF MOTHERCecile Marie Walsh¹³ BIRTHPLACE OF MOTHER (State or country)Ireland¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Robert Clyde Craven
3rd father(Address) Fort Banks Winthrop, Mass.¹⁵Filed Oct 4, 1923

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Toreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Mangler," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *at home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., (*Cyrcinoma*, *Sarcoma*, etc., of ----- (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septichæmia," "Puerperal peritonitis," etc. State cause for deaths state means or injury and qualify as ACCIDENTAL, SUICIDE, or DOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Renal wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may aid to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, 'reluctant,' childbirth, convulsion, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septichæmia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

The Commonwealth of Massachusetts

BOSTON

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Registered No. **8693**
(Place of death)

County **Suffolk** State **Massachusetts**

Registered No. _____
(Place of residence)

City or Town **Boston** No. **BURNAP HOME FOR AGED WOMEN** St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **ISABELLA STEARNBURGH**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. _____ St. _____
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED **WID**
(write the word)

15 DATE OF DEATH **SEPT. 27** 19**23**
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

16 **HEREBY CERTIFY**, That I attended deceased from **SEPT. 26**, 19**23**, to **SEPT. 27**, 19**23**, that I last saw h. **ER** alive on **SEPT. 26**, 19**23**, and that death occurred, on the date stated above, at **1.45 P** m.

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
76 **7** **30**

The CAUSE OF DEATH was as follows:

CEREBRAL HEMORRHAGE

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

(duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (city or town) **SCHOHARIE**

(State or country)

N.Y.

CONTRIBUTORY **ARTERIO-SCLEROSIS**

(SECONDARY)

(duration) **5** yrs. _____ mos. _____ ds.

9 NAME OF FATHER **JACOB LOOKE**

10 BIRTHPLACE OF FATHER (city or town) **SCHOHARIE**
(State or country) **N.Y.**

17 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

11 MAIDEN NAME OF MOTHER **ELIZA WOLFORD**

Was there an autopsy? _____

12 BIRTHPLACE OF MOTHER (city or town) **SCHOHARIE**
(State or country) **N.Y.**

What test confirmed diagnosis? _____

(Signed) **D. G. ELDRIDGE**, M.D.
, 19 (Address) **SEPT. 28**

13 HOME RECORDS

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **CAMBRIDGE (MT. AUBURN)**

DATE OF BURIAL **SEP. 29**, 19**23**

14 Filed **OCT. 2**, 19**23** **E. W. M. Glenn**
Registrar of city or town where death occurred

19 UNDERTAKER **H. O. PHILLIPS**

ADDRESS

Filed **Oct 27**, 19**23** _____
Registrar of city or town where deceased resided

so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified is indefinite); *Tuberculosis of Lung*, *metastases*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *99 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Assthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestion," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

His oath in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health. Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths and 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.

STANDARD CERTIFICATE OF DEATH

Sturrahams
(City or town) *173*
Registered No. (Place of death)

1 PLACE OF DEATH

County *Middlesex* State *Mass*

City or Town *Sturrahams* No. *150 Spring*

2 FULL NAME *Alice Jane Beighton*

(a) Residence. State *Mass* City or Town *Winthrop* No. *170 Rowden* St.

Length of residence in city or town where death occurred years *3* months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *George A. Beighton*

6 DATE OF BIRTH (month, day, and year)

7 AGE Years *60* Months *1* Days *4* If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED *At Home*

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (city or town) *Addison* (State or country) *Mass*

10 NAME OF FATHER *Charles M. Barthy*

11 BIRTHPLACE OF FATHER (city or town) *Ireland* (State or country)

12 MAIDEN NAME OF MOTHER *Betsy Steel*

13 BIRTHPLACE OF MOTHER (city or town) *Addison* (State or country) *Mass*

14 Informant *Georgie Abbott* (Address) *150 Spring St Sturrahams*

15 Filed *Oct 6, 1923* *Geo. W. Gulea* Registrar of city or town where death occurred

Filed *Nov 9, 1923* Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Oct 4* 19*23*

17 I HEREBY CERTIFY, That I attended deceased from *Sept 22*, 19*23*, to *Oct 4*, 19*23*, that I last saw her alive on *Oct 4*, 19*23*,

and that death occurred, on the date stated above, at *8 A.* m. The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) *2* yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis? *Symptoms*

(Signed) *M. D. Sheehan*, M.D. *10*, 19*23* (Address) *Sturrahams Mass*

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop DATE OF BURIAL *Oct 7 1923*

20 UNDERTAKER

Charles R. Bemison ADDRESS *Winthrop*

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not generally employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesenteric Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely sym.omatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lability" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUPPERAL septicemia," "PUPPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH *Winthrop* (City or town)
County *Essex* State *Mass* Registered No. _____
City or Town *Winthrop* No. *90* *Shore Drive* St. *3* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Myrtle E. Banks*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *2* *Ridgewood terrace* St. _____ Ward. *Lynn, Mass.*
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months *7* days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Fe* 4 COLOR OR RACE *Wh* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Divorced*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of *William R. Banks*
6 AGE Years Months Days If LESS than 1 day,.....hrs. or.....mo.
47 11 28

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *At home*
(b) Name of employer

8 BIRTHPLACE (City) *Brunswick*
(State or country) *Georgia*

9 NAME OF FATHER *George A. Hanson*
10 BIRTHPLACE OF FATHER (City) *Arlington*
(State or country) *Mass*
11 MAIDEN NAME OF MOTHER *Mary A. Goodbread*
12 BIRTHPLACE OF MOTHER (City) *Lake City*
(State or country) *Florida*

13 Informant *Mrs. Mary A. Hanson*
(Address) *Beverly, Mass.*

14 Filed *Oct 10, 1923*
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *S. J. Mowrey*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Oct 5, 1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Sept 30*, 19*23*, to *Oct 5*, 19*23*, that I last saw *her* alive on *Oct 5*, 19*23* and that death occurred, on the date stated above, at *3-30 P.* m. The CAUSE OF DEATH was as follows:

Central Haemorrhage

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.
17 Where was disease contracted if not at place of death? _____ (duration) _____ yrs. _____ mos. _____ ds.

Did an operation precede death? *no* Date of _____
Was there an autopsy? *no*
What test confirmed diagnosis?
(Signed) *C. J. Mowrey* M.D.
(Address) *356 Winthrop St*
Date *Oct 6 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Central* DATE OF BURIAL *Oct. 7, 1923*
(Cemetery) (City or town) *Beverly*

19 UNDERTAKER *S. J. Mowrey* ADDRESS *Son Beverly*
Official position *Health Officer* Date of issue of permit *10/6/23* Permit No. *231*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Plumber, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Poorman," "Manservant," "Dentist," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mining, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Former (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid pneumonia"); Labor pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasmas); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Tomorhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of such persons as are supposed to have died by violence. — Gen. Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 149
City or Town Winthrop No. 11, Prescott St. _____ Ward _____
~~Boston~~
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Leo F. Keating

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 11 Prescott St. _____ Ward. Winthrop, Mass.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 years ___ months ___ days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

16 DATE OF DEATH Oct 8 1923
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1923, to Oct 6th, 1923
that I last saw h. in in alive on Oct 6th, 1923
and that death occurred, on the date stated above, at 6 A. m.
The CAUSE OF DEATH was as follows:

6 DATE OF BIRTH Nov. 4 1883
(Month) (Day) (Year)

Pulmonary Tuberculosis

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
40

(duration) 2 yrs. mos. ds.

If STILLBORN, enter that fact here

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

18 Where was disease contracted if not at place of death? FOR WHAT?

9 BIRTHPLACE (City) East Boston, Mass
(State or country)

Did an operation precede death? _____ Date of _____

10 NAME OF FATHER Michael Keating

Was there an autopsy? _____

11 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

What test confirmed diagnosis? _____

12 MAIDEN NAME OF MOTHER Mary L. Wagner

(Signed) _____, M.D.

13 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

(Address) Richard H. Houghley
Date Oct 8th 1923 305 Sumner
(Month) (Day) (Year) 2 B

14 Informant Mrs. Mary L. Keating (mother) 19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's DATE OF BURIAL Oct 9/23
(Address) 11 Prescott St., Winthrop, Mass (Cemetery) (City or town)

15 Filed Oct 30, 1923 REGISTRAR

20 UNDERTAKER H. O. Kelly ADDRESS St. Boston

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. St. Mary's Official position Health Officer Date of issue of permit Oct 8-23 Permit No. 632

PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Fernier* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Cooking*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not originally employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asihemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congential," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where the same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall hunt a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence, — *Gen. Laws, Chap. 84, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)
Registered No. 150

1 PLACE OF DEATH
County Suffolk State Mass
City or Town Wentworth No. 19 Atlantic St. St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Richards
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence No. 19 Atlantic St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 2 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a If married, widowed or divorced HUSBAND of (or) WIFE of widow of John Richards
6 AGE Years 72 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer _____

8 BIRTHPLACE (City) Lawrence
(State or country) Mass

9 NAME OF FATHER unable to obtain
10 BIRTHPLACE OF FATHER (City) _____ (State or country) _____
11 MAIDEN NAME OF MOTHER _____
12 BIRTHPLACE OF MOTHER (City) _____ (State or country) _____

13 Informant C. R. Bannison
(Address) Wentworth Mass

14 Filed Oct 11 1923
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued S. J. Curry

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 11 1923
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1923, to Oct 11, 1923, that I last saw her alive on Oct 11, 1923, and that death occurred, on the date stated above, at 4 A. m.
The CAUSE OF DEATH was as follows:

Natural Causes
(see other medical examiner)
_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) C. Fruchonney M. D.
(Address) 366 Wentworth St
Date Oct 11 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Mass
Belleisle Lawrence
(Cemetery) (City or town) DATE OF BURIAL Oct 13 1923

19 UNDERTAKER C. R. Bannison ADDRESS Wentworth

Official position Health Officer Date of issue of permit 10/13/23 Permit NO. 623

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1028. 11, 1923

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically, as occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred

30 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

F

W.

Wid.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Thomas Kirwin

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

89

2

15

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Nova Scotia

9 NAME OF
FATHER

John MacKron

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Scotland

11 MAIDEN NAME
OF MOTHER

Ann Tooman

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

New Jersey

13

Informant

(Address)

Mrs. Eldredge daughter
Deaney Mrs.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

S. P. Mowry

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

Oct

13

1923

16

I HEREBY CERTIFY, That I attended deceased from

September 26th, 1923, to Oct 12th, 1923

that I last saw him alive on Oct 12, 1923,

and that death occurred, on the date stated above, at 6.30 A.M.

The CAUSE OF DEATH was as follows:

Natural Cause - Weak heart
incident to old age.

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mary E. Hallsall, M.D.

(Address) 587 Pleasant St. Winthrop

Date October 13, 1923.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

W. W. Acoburn Cambridge
(Cemetery) (City or town)

Oct. 15-23

19 UNDERTAKER

ADDRESS

Arthur V. Sanborn. Revere.

Official
position

Health Officer

Date of
issue

12/4/23

Permit

No. 637

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Seaman*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicemia," "PERIPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, whom last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Wentworth
(City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 152
City or Town Wentworth No. 203 River Road St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John D. Lord
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 203 River Road Wentworth St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED married (write the word)5a If married, widowed, or divorced HUSBAND of May Lord (or) WIFE of6 AGE Years Months Days If LESS than 1 day, hrs. or min.
49 5 10

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chemist

(b) Name of employer

8 BIRTHPLACE (City)

(State or country) Hallowell ME9 NAME OF FATHER George Lord

10 BIRTHPLACE OF FATHER (City)

(State or country) Hallowell Maine11 MAIDEN NAME OF MOTHER Alice M. Smith

12 BIRTHPLACE OF MOTHER (City)

(State or country) South Boston Mass.

13

Informant Mother (Alice M. Hale)(Address) 203 River Rd.

14

Filed 10/17/23

(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by S. P. MowryOfficial position Health Officer21 Date of issue 10/16/23Permit No. 635

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 15 1922
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

gas poisoningPresumably SuicidalFound dead in his own room

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? as above(Signed) Amos M. Melley, M.D.(Address) 426 Con AveMedical Examiner for SuffolkDate Oct 15 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Wentworth Wentworth Oct. 17, 1923
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER

O. R. Burrisson Wentworth
ADDRESS

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — General Laws, Chapter 46, Section 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — General Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . Gen. Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — General Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — Gen. Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

John O. Rowl
Oct. 15, 1923.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)
Registered No. 7153

1 PLACE OF DEATH
County Suffolk State Mass.
City or Town Winthrop No. 5 Melrose St. St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Corcoran
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 5 Melrose St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____
8 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS
9 NAME OF FATHER William
10 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.
11 MAIDEN NAME OF MOTHER Agnes E. Molloy
12 BIRTHPLACE OF MOTHER (City) So Boston
(State or country) Mass.

13 Informant William Corcoran
(Address) 5 Melrose St

14 Filed Oct 30 1923
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. J.A. Mowery

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 17 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h..... alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:
premature (5-6 mos) (term) still born
(duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____
What test confirmed diagnosis?
(Signed) J. J. Finckhony M.D.
(Address) 302 Union St
Date Oct 15 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St Michael Boston
(Cemetery) (City or town) DATE OF BURIAL 10/20/23

19 UNDERTAKER John J. O'Maley ADDRESS Winthrop

Official position Health Officer Date of issue of permit 10/20/23 Permit No. 636

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Cartlayer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill;* (a) *Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housework*, or *At home*, and children, not gainfully employed, as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Ashtonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)
Registered No. *154*

1 PLACE OF DEATH

County *Suffolk* State *Mass*
City or Town *Winthrop* No. *5* *Witchure* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Stillborn Corcoran
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *5* *Witchure* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here *stillborn*

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) Name of employer

8 BIRTHPLACE (City) *Winthrop* (State or country) *Mass*

9 NAME OF FATHER *William*

10 BIRTHPLACE OF FATHER (City) *East Boston* (State or country) *Mass*

11 MAIDEN NAME OF MOTHER *Agnes C. Molloy*

12 BIRTHPLACE OF MOTHER (City) *So Boston* (State or country) *Mass*

13 Informant *William Corcoran* (Address) *5* *Witchure* St

14 Filed *Feb 20 1923* REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *S. A. Mawry*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH. *Oct* *17* *1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h..... alive on _____, 19____, and that death occurred, on the date stated above, at..... m. The CAUSE OF DEATH was as follows:

premature (5-6 mos) twin still born

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? (Signed) *C. J. ...* M.D. (Address) *363 Winthrop St* Date *Oct 18 1923* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *St Michael Boston* (Cemetery) (City or town) DATE OF BURIAL *10/20/23*

19 UNDERTAKER *John J. O'Malley* ADDRESS *Winthrop*

Official position *Health Officer* Date of issue of permit *10/20/23* No. *637*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

1923
1917-1923
[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Artificer, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.; *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Typhemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificate will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

R-301
 N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
 STANDARD CERTIFICATE OF DEATH

~~BOSTON~~
 (City or town)

1 PLACE OF DEATH
 County Suffolk State Massachusetts Registered No. ~~155~~ 155
 City or Town 7 Boston No. 95 Main Street Winthrop St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas J. McCarthy
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. 95 Main Street Winthrop Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred 5 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Dolan
 6 AGE 68 Years Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Captain
 (b) Name of employer _____

8 BIRTHPLACE (City) Ireland
 (State or country)

9 NAME OF FATHER John McCarthy
 10 BIRTHPLACE OF FATHER (City) Ireland
 (State or country)
 11 MAIDEN NAME OF MOTHER Mary (Unknown)
 12 BIRTHPLACE OF MOTHER (City) Ireland
 (State or country)

13 Informant Mrs. Mary McCarthy
 (Address) 95 Main Street Winthrop

14 Filed Oct 30, 1923
 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued J. A. Murray
 4-28

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 21, 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1923, to Oct 21, 1923, that I last saw him alive on Oct 21, 1923, and that death occurred, on the date stated above, at 3:30 P m. The CAUSE OF DEATH was as follows:

Hypostatic pneumonia
myocarditis
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY arteriosclerosis
 (SECONDARY) (duration) _____ yrs. 6 mos. _____ ds.

17 Where was disease contracted if not at place of death? _____ FOR WHAT?

Did an operation precede death? _____ Date of _____
 Was there an autopsy? No

What test confirmed diagnosis? _____
 (Signed) C. J. Donohue M.D.
 (Address) 306 Winthrop St
 Date Oct 22, 1923
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Old Calvary Boston
 (Cemetery) (City or town) DATE OF BURIAL Oct 23, 1923

19 UNDERTAKER Richard G. Kirby Jr. ADDRESS East Boston.

Official position Health Officer Date of issue 10/22/23 Permit No. 638

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Oct. 21, 1923.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Former or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Seaman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Form laborer, Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scroon, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less desirable; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purpura, septicemia," "Purpura, peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where the same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Mass Registered No. 15-6
City or Town Winthrop No. 59 Main St. Ward

2 FULL NAME

Brigget Ann Marie Hanrahan
(If death occurred in a hospital or institution, give its NAME instead of street and number)
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 50 Main St. St. Ward. (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick

6 AGE Years Months Days If LESS than I day, hrs. or min.
83

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(b) Name of employer

8 BIRTHPLACE (City)

(State or country) Ireland, Daley
can not be learned

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)
(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)
(State or country)

13 Informant

(Address) Thomas Hanrahan
50 Main St.

14 Filed

(Month) (Day) (Year) Oct 30 1923 REGISTRAR

20 Burial permit issued by

Official position Health Officer

21 Date of issue Oct 27 1923 Permit No. 640 1939

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 26 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Phosporic mycosistis
senility

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) [Signature], M.D.
(Address)

Medical Examiner for

Date Oct 28 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

New Calvary (City or town) Oct 29 1923 (Month) (Day) (Year)

19 UNDERTAKER

[Signature] ADDRESS [Address]

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

26, 1923
 Registrar

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County *Suffolk*

State *Mass*

Registered No. *157*

City or Town *Winthrop*

No. *247*

Main

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Collins

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *247 Main*

St. _____

Ward. _____

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ mo.

64

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

St. Johns New Brunswick

9 NAME OF FATHER

John Collins

10 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

Mary Martin

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

13

Informant (Address)

Mrs. Mary Merrill 247 Main St.

14

Filed

Oct 29 1923
(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

J. C. Danahy

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct 27
(Month) (Day)

27
(Day)

23
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 12, 19*23*, to *Oct 27*, 19*23*,

that I last saw him *alive* on *Oct 27*, 19*23*,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Edema of Lungs.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Cholelithiasis

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *yes* Date of *Oct 25, 23*

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Harry A. Kelly*, M.D.

(Address) *260 Pleasant St.*

Date *Oct 27 23*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy hood, Brookline
(Cemetery) (City or town)

DATE OF BURIAL

Oct 29, 1923

19 UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

Official position *Health Officer*

Date of issue of permit *10/29/23*

Permit No. *640*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2025. 27, 1923

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Artist, Locomotive engineer, Carlineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Toreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *A school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningis, peritoncum*, etc.; *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatale), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Comatose," "Semi-l," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-attention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths sup-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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

male

White

S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

28

(Day)

1923

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....,

that I last saw him alive on, 19.....,

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH was as follows:

Premature
Still born
(male)

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) P. J. Mulvaney M.D.

(Address) 354 Shirley St. Wintthrop

Date Oct. 28 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Michaels Boston
(Cemetery) (City or town)

Oct. 21, 1923

19 UNDERTAKER

ADDRESS

John F. O'Grady Wintthrop

Official
position Health OfficerDate of
issue of permit

10/29/23

Permit

No. 646

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

104. 28-1923

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Leocomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da; Bronchopneumonia* (secondary), *10 ds*. Never report more symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence, — *Gen. Laws, Chap. 85, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 85, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Newton
(City or town)

1 PLACE OF DEATH

County Middlesex State Massachusetts

Registered No. 491
(Place of death)

City or Town Newton No. 81 Church St. 7 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. _____
(Place of residence)

2 FULL NAME Harriet W. (Leatherbee) Leighton

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 93 Crest Ave. St. _____
(Usual place of abode)

Length of residence in city or town where death occurred - years - months 7 days How long in U. S., if of foreign birth? - years - months - days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George C. Leighton

6 DATE OF BIRTH (month, day, and year) --

7 AGE 75 Years 8 Months 26 Days If LESS than 1 day,hrs. ormin.
If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ---
(c) Name of employer ---

9 BIRTHPLACE (city or town) Boston,
(State or country) Mass.

10 NAME OF FATHER James W. Leatherbee

11 BIRTHPLACE OF FATHER (city or town) Wakefield,
(State or country) Mass.

12 MAIDEN NAME OF MOTHER Caroline Drew

13 BIRTHPLACE OF MOTHER (city or town) Boston,
(State or country) Mass.

14 Informant Mr. Walter L. Leighton,
(Address) 31 Montvale Rd. N. Centre.

15 Filed Nov. 5, 1923 Registrar of city or town where death occurred
Filed Nov 7, 1923 Bessie S. Dodge Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28, 1923

17 I HEREBY CERTIFY, That I attended deceased from October 26, 1923, to October 28, 1923, that I last saw her alive on October 28, 1923

and that death occurred, on the date stated above, at 11.45 A.M.
The CAUSE OF DEATH was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Endo-Myocarditis

(duration) -- yrs. -- mos. -- ds.

CONTRIBUTORY Chronic Interstitial
(SECONDARY) Nephritis
(duration) -- yrs. -- mos. -- ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? -- Date of --

Was there an autopsy? --

What test confirmed diagnosis? --

(Signed) Anton R. Fried, M.D.

10/28/23 324 Walnut St., N'ville.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hills Cemetery
Boston, Mass. DATE OF BURIAL Oct. 30, 1923

20 UNDERTAKER George H Gregg & Son ADDRESS N'ville

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary employments*, etc. But in many cases, especially in industrial work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colon mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scamoi, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Miscels*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Miscels* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia" (nearly synonymous), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marrasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Boston
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 1162
City or Town Winthrop No. 177 Woodside Avenue St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie J. Gleason
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 177 Woodside Avenue St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 2 years _____ months _____ days. How long in U. S., if of foreign birth? 25 years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDDED, OR DIVORCED (write the word) Widowed
5a If married, widowed or divorced HUSBAND of (or) WIFE of Christopher Gleason
6 AGE 63 Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____
7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At Home (b) Name of employer _____

8 BIRTHPLACE (City) St. John, New Brunswick.
(State or country)

9 NAME OF FATHER Henry Gibbons
10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)
11 MAIDEN NAME OF MOTHER Mary Clark
12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Daughter Mrs. Wm. O'Brien
(Address) 177 Woodside Ave. Winthrop

14 Filed Oct 31 1923
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued A. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 31 23
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1923, to Oct 31, 1923, that I last saw he alive on Oct 20, 1923, and that death occurred, on the date stated above, at 3 P.M.
The CAUSE OF DEATH was as follows:
Acute Haemorrhage

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____

(Signed) Harry Astley, M. D.
(Address) 200 1/2 Pleasant St
Date Oct 31 23
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. John, New Brunswick
(Cemetery) (City or town) DATE OF BURIAL Nov. 2; 23

19 UNDERTAKER Richard Kirby East Boston. ADDRESS _____

Official position Health Officer Date of issue of permit 11/1/23 Permit NO. 672

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer" or "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Example: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc., Carcinoma, Sarcoma, etc.,* (name origin, "Cancer," is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough; Chronic reticular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds., Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Embasion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gastrone, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____ Registered No. 9642
City or Town Boston No. CITY HOSPITAL (Place of death) (Place of residence)
St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

FRANK HERSEY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. WINTHROP, MASS. St. Ward. 17 TEWKSBURY
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------|-----------------------------|--|
| 3 SEX <u>M</u> | 4 COLOR OR RACE <u>W</u> | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>MAR.</u> |
|-------------------|-----------------------------|--|

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

| | | | | |
|-----------|-------|----------|------|--|
| 6 AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| <u>71</u> | | <u>2</u> | | |

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

WATCHMAN (LUMBER YD)

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town)

BOSTON

(State or country)

PARENTS

9 NAME OF FATHER BENJAMIN A.

10 BIRTHPLACE OF FATHER (city or town) HINGHAM
(State or country)

11 MAIDEN NAME OF MOTHER SARAH WARREN

12 BIRTHPLACE OF MOTHER (city or town) BOSTON
(State or country)

13 Informant W. A. HERSEY

(Address) WINTHROP

14 Filed NOV. 3, 1924 Edwin Glenew
Registrar of city or town where death occurred

Filed Jan. 15, 1924
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH OCT. 31 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

FRACT. SKULL. ACCIDENTAL.
FALL FROM AUTOMOBILE (RUNNING BOARD)

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) TIMOTHY LEARY, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK

Date NOV. 1 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

MEDFORD (OAK GROVE)

DATE OF BURIAL

NOV. 3, 23
(Month) (Day) (Year)

19 UNDERTAKER

W. A. FRINK

ADDRESS

SOMERVILLE

20 Burial permit issued by _____

Official position _____

21 Date of issue _____

should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.— *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

.....
.....
.....
.....
.....
.....
.....
.....
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Det. 31. 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Mass Registered No. _____
City or Town Winthrop No. 2 Terrace Ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. 2 Terrace Ave St. _____ Ward _____
(Usual place of abode) (If in the Army or Navy of the United States, give rank, organization, etc.)
(If non-resident give city or town and State)Length of residence in city or town where death occurred 40 years _____ months _____ days _____ How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married5a If married, widowed, or divorced HUSBAND of (or) WIFE of Luther J.6 AGE Years _____ Months 6 Days 19 If LESS than 1 day, _____ hrs. _____ or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) Name of employer _____

8 BIRTHPLACE (City)

Woburn, Mass.
(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

Bedford, Mass.
(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

Ms. Maria Small
(State or country)

13

Informant Luther J. Harrington
(Address) Winthrop

14

Filed _____ REGISTRAR
(Month) (Day) (Year)

20 Burial permit issued by

H. C. Daniels Official position Health Officer

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH _____
(Month) _____ (Day) _____ (Year) _____16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:
myocardial infarction
secondary to arteriosclerosis
hypertension

17 Where was injury sustained if not at place of death?

(Signed) _____, M. D.

(Address) _____

Medical Examiner for _____

Date _____
(Month) _____ (Day) _____ (Year) _____

18 PLACE OF BURIAL, CREMATION, or REMOVAL

St. Mt. Auburn, Cambridge, Mass.
(Cemetery) _____ (City or town) _____
Nov. 16, 1923
(Month) (Day) (Year)

DATE OF BURIAL

19 UNDERTAKER

Arthur V. Sanborn Address Acorn

ADDRESS

21 Date of issue 11/15/23 Permit No. 643

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 33, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 33, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Mar. 13. 1923
Manning

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Winthrop* No. *381* *Winthrop* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Mary Shaneek Stillborn*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *381* *Winthrop* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH *Nov 15 1923*
(Month) (Day) (Year)

7 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

Still Born

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *(Father) Insurance Salesman*
(b) Name of employer _____

9 BIRTHPLACE (City) *Winthrop* (State or country) *Mass.*

10 NAME OF FATHER *Herman W. Shaneek*

11 BIRTHPLACE OF FATHER (City) *East Boston* (State or country) *Mass.*

12 MAIDEN NAME OF MOTHER *Muriell Adams*

13 BIRTHPLACE OF MOTHER (City) *Cambridge* (State or country) *Mass.*

14 Informant *Herman W. Shaneek* (Address) *381 Winthrop St*

15 Filed (Month) (Day) (Year) _____ REGISTRAR _____

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *K. C. Daniels*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov 15 1923*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Still born

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

_____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? *R. B. Parker* (Signed) _____, M.D.

(Address) *Winthrop Mass*

Date *Nov 16 1923* (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Woodlawn* *Everett* DATE OF BURIAL *Nov 16 1923*
(Cemetery) (City or town)

20 UNDERTAKER *Frank E. Brown* ADDRESS *East Boston*

Official Health Officer *Health Officer* Date of issue of permit *11/16/23* Permit No. *644*

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 83, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No. 993

Shirley

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Along White Bucknam

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 993 Shirley

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Addie Bucknam

6 AGE

Years

Months

Days

If LESS than

70

1

3

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

(b) Name of employer

Maine Engineer

8 BIRTHPLACE (City)

Falmouth

(State or country)

Maine

9 NAME OF
FATHER

Joshua Bucknam

10 BIRTHPLACE OF
FATHER (City)

?

(State or country)

11 MAIDEN NAME
OF MOTHER

Louisa Johnson

12 BIRTHPLACE OF
MOTHER (City)

Durham

(State or country)

Maine

13

Informant

Addie Bucknam

(Address)

993 Shirley St. Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or trans't permit was issuedH.C. Daniell
H.C.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov

17

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 15, 1923, to Nov 16, 1923

that I last saw him alive on

Nov 14, 1923

and that death occurred, on the date stated above, at 3:10 m.

The CAUSE OF DEATH was as follows:

Diabetes mellitus

CONTRIBUTORY
(SECONDARY)

Sant-Bonnet (duration) yrs. mos. ds.

Sant-Bonnet (duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

F.S. Gerritt, M.D.

(Address)

117 Broadway

Date

Chelsea Mass
(Month) (Day) (Year) 123

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn
(Cemetery)Cvenett
(City or town)

DATE OF BURIAL

Nov 20, 1923

19 UNDERTAKER

Charles A. Rollins

ADDRESS

East Boston

Official
position

Health Officer

Date of
issue
of permit

11/19/23

Permit

No. 645

17. 1923

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meninges* (disease causing death), *29 d*; *Bronchopneumonia* (secondary); *10 d*. Never report more symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL *septicemia*," "PERIPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 93, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 93, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting epilepsia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

1-302
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
 20,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Rutland
 (City or town)

1 PLACE OF DEATH

County Worcester State Mass.

Registered No. 104
 (Place of death)

City or Town Rutland No. U.S. Veteran's Hospital # 80 Ward St.
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. _____
 (Place of residence)

2 FULL NAME James J. McDonald
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 13 Nahant St. _____
 (Usual place of abode)

Length of residence in city or town where death occurred years 1 months 22 days How long in U. S., if of foreign birth? years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year)

7 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 37

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
 (b) Name of employer _____

9 BIRTHPLACE (city or town) Roxbury,
 (State or country) Mass.

PARENTS

10 NAME OF FATHER James J. McDonald

11 BIRTHPLACE OF FATHER (city or town) _____
 (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Tolan

13 BIRTHPLACE OF MOTHER (city or town) _____
 (State or country) England Nov.

14 Informant Hospital records
 (Address) _____

15 Filed Nov. 18, 19 23 Lawrence
 Registrar of city or town where death occurred
 Filed Nov. 4, 19 23 _____
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18, 19 23

17 I HEREBY CERTIFY, That I attended deceased from Sept. 26, 19 23, to Nov. 18, 19 23, that I last saw her alive on Nov. 18, 19 23, and that death occurred, on the date stated above, at 12:45 a.m. The CAUSE OF DEATH* was as follows:

Tuberculosis, chronic
Pulmonary

(duration) Unknown yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Positive sputum
 (Signed) Henry Rolf Brown _____, M.D.
18, 19 23 (Address) U.S. Veteran's Hosp. #89

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Benedict,
Roxbury, Mass.

DATE OF BURIAL Nov. 22, 19 23
 ADDRESS _____

20 UNDERTAKER James Athy & Son King St.
Worcester, Mass.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbestia," "Anemia" (merely symptomatic), "Asthma," "Collapse," "Coma," "Convulsions," "Lethargy" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Stoma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUPERPERAL septicemia," "PUPERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town) _____ State _____ Registered No. _____
 County Suffolk State _____
 City or Town Wintthrop No. Community Hosp. St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn M. Mullis
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 28 Jefferson St., _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) Name of employer _____

8 BIRTHPLACE (City) _____ (State or country) _____

9 NAME OF FATHER Walter J.
 10 BIRTHPLACE OF FATHER (City) Boston (State or country) _____
 11 MAIDEN NAME OF MOTHER Mary J. Butler
 12 BIRTHPLACE OF MOTHER (City) Boston (State or country) _____

13 Informant M. Butler (Address) Pleasant St.

14 Filed NOV 27 1923 REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniel

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 18 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:

macerated foetus - 8 1/2 mos.

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis? (Signed) Edward J. Frainger M.D. (Address) 7 Sumner St.
 Date Nov. 19 1923 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Michael's Boston DATE OF BURIAL Nov 27 23
 (Cemetery) (City or town)

19 UNDERTAKER John F. O'Malley ADDRESS Wintthrop

Official position Health officer Date of issue of permit 11/21/23 No. 646

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *At home*), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatsoever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (morely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which solve any of the following diseases, without explanation, as the sole cause of death: Abortion, coliculis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlobitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . — *Gen. Laws, Chap. 58, Sec. 6.*

— He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Wentworth* No. *173 Grover Ave* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Catherine A Wilson*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *173 Grover Ave* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *James E.*

6 AGE Years *61* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *At Home*
(b) Name of employer _____

8 BIRTHPLACE (City) *Boston*
(State or country) *Mass*

9 NAME OF FATHER *William H. Mahon*

10 BIRTHPLACE OF FATHER (City) *Boston*
(State or country) *Mass*

11 MAIDEN NAME OF MOTHER *Catherine A. Williams*

12 BIRTHPLACE OF MOTHER (City) *Weymouth*
(State or country) *Mass*

13 Informant *Sylvan Leeman*
(Address) *173 Grover Ave*

14 Filed *Nov 23 1923*
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *Edwards*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Nov 21 23*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *3 P.M. Nov. 21, 1923*, to *6:30 P.M. Nov. 21, 1923*, that I last saw her alive on *Nov. 21, 1923* and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:

Cerebral haemorrhage.
(duration) _____ yrs. _____ mos. _____ ds. *4 hrs.*

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? *Edward J. Frauniger*
(Signed) _____ M.D.
(Address) *7 Irving St.*
Date *Nov. 23 23*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *St Paul's Arlington*
(Cemetery) (City or town) DATE OF BURIAL *Nov. 24/23*

19 UNDERTAKER *John F. O'Malley* ADDRESS *Wentworth*

Official position *Health Officer* Date of issue of permit *Nov 23, 23* Permit No. *648*

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Artistical, Leconicative engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem, etc., Carcinoma, Sarcoma, etc., of* (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease or which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No.
City or Town *Winthrop* No. *Winthrop Com. Hospital* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Bertram Damon Coombs*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *100 Herman* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than 1 day..... hrs. or..... min.
76 6 1

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Retired Machinist*
(b) Name of employer

8 BIRTHPLACE (City) *Salem*
(State or country) *Mass*

9 NAME OF FATHER *William H Coombs*

10 BIRTHPLACE OF FATHER (City) *Salem*
(State or country) *Mass*

11 MAIDEN NAME OF MOTHER *Lucy Jane Damon*

12 BIRTHPLACE OF MOTHER (City) *Sittuate*
(State or country) *Mass*

13 Informant *Mr. Irish*
(Address) *100 Herman St. Winthrop*

14 Filed *Nov 22 1923*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *H. C. Daniels*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Nov 22 1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Nov 11*, 19*23*, to *Nov 22*, 19*23*, that I last saw h. in alive on *Nov 22*, 19*23* and that death occurred, on the date stated above, at *2 P.* m. The CAUSE OF DEATH was as follows:
Hemiplegia
[Cerebral Hemorrhage]
(duration) yrs. mos. *16* ds.

CONTRIBUTORY (SECONDARY) *Arteriosclerosis*
several (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? *East Boston*

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis? *Clinical*
(Signed) *Emile E. Colver, M.D.*
(Address) *123 Winthrop St*
Date *Nov 22 1923* *Winthrop Mass*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Woodlawn Cemetery* DATE OF BURIAL *Nov 25, 1923*
(Cemetery) (City or town)

19 UNDERTAKER *Charles A Rollins* ADDRESS *East Boston*

Official position *Health Officer* Date of issue of permit *11/22/23* Permit No. *647*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery firm*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing or vary (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purpura puerperalis septica," "Purpura puerperalis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Wentthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Wentthrop No. 45 Wentthrop St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella P. Payne (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 45 Wentthrop St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed or divorced
HUSBAND of Sylvanus Payne
(or) WIFE of _____
6 AGE 69 Years _____ Months 1 Days 1
If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer _____

8 BIRTHPLACE (City) Boston
(State or country) Mass

9 NAME OF FATHER Sullivan Freeman
10 BIRTHPLACE OF FATHER (City) Orleans
(State or country) Mass
11 MAIDEN NAME OF MOTHER Phoebe Smith
12 BIRTHPLACE OF MOTHER (City) Orleans
(State or country) Mass

13 Informant W. Chas Freeman
(Address) Brookline Mass

14 Filed NOV 26 1923
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH November 23 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Nov 23, 1923,
that I last saw her er alive on Nov 23, 1923
and that death occurred, on the date stated above, at 7.30 P m.
The CAUSE OF DEATH was as follows:
Cerebral hemorrhage

CONTRIBUTORY Arteriosclerosis (general)
(SECONDARY) (duration) _____ yrs. _____ mos. 1/2 ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of _____
Was there an autopsy? No

What test confirmed diagnosis?
(Signed) Horace J. Soule, M. D.
(Address) Wentthrop St Wentthrop
Date November 24 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Wentthrop Wentthrop
(Cemetery) (City or town) DATE OF BURIAL Nov 26-23

19 UNDERTAKER Frank E. Brown ADDRESS East Boston

Official position Health Officer Date of issue of permit 11/26/23 Permit NO. 650

N. B.—WRITE PLAINLY, WITH UNFAADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, *house, who are engaged in the duties of the household only* (not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Example: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (definite synonym is "Epidemic Typhoid fever" (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *28 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestial," "Senile" etc.), "Dropsy," "Convulsion," "Heart failure," "Hemorrhage," "Imitation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or if insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by the violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Winthrop No. 194 Washington Ave St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J. Scaulon
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No. 194 Washington Ave Ward _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Charlotte

6 AGE Years 57 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Salesman. (b) Name of employer _____

8 BIRTHPLACE (City) South Boston (State or country) Mass

9 NAME OF FATHER Martin Scaulon

10 BIRTHPLACE OF FATHER (City) Ireland. (State or country) _____

11 MAIDEN NAME OF MOTHER Cannot be learned.

12 BIRTHPLACE OF MOTHER (City) Ireland. (State or country) _____

13 Informant Mrs M. Wilson (Address) 194 Washington Ave

14 Filed _____ (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. D. Asible

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 24 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1923, to Nov. 23, 1923, that I last saw him alive on Nov. 23, 1923, and that death occurred, on the date stated above, at 4.30 p.m.
The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
(duration) _____ yrs. 2 mos. 23 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Edward J. Grainger, M. D.
(Address) 7 Sewall St.
Date Nov. 24 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys. Dorchester DATE OF BURIAL Nov 26, 1923
(Cemetery) (City or town)

19 UNDERTAKER John F. O'Maley ADDRESS Winthrop

Official position Health officer Date of issue of permit 11/26/26 Permit NO. 649

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically, as occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSE DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSE DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashtania," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Edema," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Westbrook
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County *Suffolk* State *Mass* Registered No. _____City or Town *Winsted* No. *16 North Ave* St. _____ Ward _____

2 FULL NAME

Elmer E. Slocumb

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *S. Vine Ave* St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *21* years \times months \times days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)*Married*

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Bessie B. Slocumb*

6 AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.*62**x**x*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Teacher*

(b) Name of employer

Self

8 BIRTHPLACE (City)

Boston

(State or country)

*Mass*9 NAME OF
FATHER*Joseph Slocumb*10 BIRTHPLACE OF
FATHER (City)*Morrisville*

(State or country)

*Vt.*11 MAIDEN NAME
OF MOTHER*Elizabeth Meserve*12 BIRTHPLACE OF
MOTHER (City)*unable to obtain*

(State or country)

13

Informant

Harold E. Slocumb

(Address)

25 Pleasant St Westbrook

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 Burial permit
issued by*Alexander*Official
position*Health Officer*21 Date of
issue*Nov 26 '23*Permit
No.*651*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

Nov 24

(Day)

1923

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:*Natural causes probably
chronic myocarditis*

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

W. H. Weston

M.D.

(Address)

507 2nd Mass

Medical Examiner for

Westbrook

Date

Nov 26

(Month)

1923

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Westbrook

(Cemetery)

Westbrook

(City or town)

DATE OF BURIAL

11 27 - 1923

(Month) (Day) (Year)

19 UNDERTAKER

C. R. Benjamin

ADDRESS

Westbrook

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

.....
.....
.....
.....
.....
.....
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Ms. 24. 19 23
E. S. Worcester

1576-111

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____
City or Town Boston No. 45 Sea Foam Ave. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Winthrop
Eli Isenberg
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 45 Sea Foam Ave. Ward Winthrop
(Usual place of abode) (If non-resident give city or town and State)Length of residence in city or town where death occurred 1 years 00 months 00 days. How long in U. S., if of foreign birth? 40 years 00 months 00 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofBessie6 AGE 68 Years Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Tailor

(b) Name of employer

8 BIRTHPLACE (City) Russia
(State or country)

9 NAME OF FATHER

Paltine Isenberg

10 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

11 MAIDEN NAME OF MOTHER

Esther Cantor ^{learned}

12 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

13

Informant Bessie Isenberg
(Address) 45 Sea Foam Ave.

14

Filed Dec. 3 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

H. C. Danich
9.2.13

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 11 (Month) 26 (Day) 23 (Year)16 I HEREBY CERTIFY, That I attended deceased from 11-1, 1923, to 11/28, 1923, that I last saw him alive on 11/24, 1923, and that death occurred, on the date stated above, at 5:30 p.m.
The CAUSE OF DEATH was as follows:Carcinoma of Prostate

CONTRIBUTORY (SECONDARY)

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry Aschely(Address) 200 Pleasant St.Date 11 (Month) 26 (Day) 23 (Year)18 PLACE OF BURIAL, CREMATION, OR REMOVAL W. R. Co.Hebrew Progressive Cem.
(Cemetery) (City or town)

DATE OF BURIAL

Nov. 27 1923

19 UNDERTAKER

Mannul Stanetsky

ADDRESS

Boston

Official position

Health Officer

Date of issue of permit

11/27/23

Permit

No. 652

WHILE I LIVE, WITH MY OWN HAND, I WILL SIGN THIS CERTIFICATE OF DEATH. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil Engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deputy," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not finally employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (yielded, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualific., is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., etc.* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility" ("Congenital," "Colic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Peripartal septicemia," "Peripartal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumony"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 46, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-301
 N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass Registered No. _____
 City or Town Winthrop No. 20 Elmwood Ave St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Henry Mirick
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 20 Elmwood Ave St. _____ Ward. two
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 years — months — days. — How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura A Mirick

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
72 7 10

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) Name of employer Scrap Leather Merchant

8 BIRTHPLACE (City) _____ (State or country) Maine

9 NAME OF FATHER Not Known

10 BIRTHPLACE OF FATHER (City) _____ (State or country) _____

11 MAIDEN NAME OF MOTHER _____

12 BIRTHPLACE OF MOTHER (City) _____ (State or country) _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 27 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1923, to Nov 27, 1923, that I last saw him alive on Nov 26, 1923, and that death occurred, on the date stated above, at 5 P m. The CAUSE OF DEATH was as follows:
Carcinoma of the neck
 (duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Microscopic
 (Signed) Oswell E Johnson, M.D.
 (Address) 123 Winthrop St
 Date Nov 26 1923 Winthrop
 (Month) (Day) (Year) Mass

13 Informant Wife Laura A Mirick
 (Address)

14 Filed Dec 3 1923
 (Month) (Day) (Year) REGISTRAR

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Auburn Cambridge DATE OF BURIAL Nov 30/23
 (Cemetery) (City or town)

19 UNDERTAKER Walter T. White ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or trans' permit was issued H. C. D. Smith
 Official position Health Officer Date of issue of permit 11/30/23 Permit No. 65-3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Artist, Locomotive engineer, Circumlocution, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc., *Cerebral, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Hemorrhage," "Inanition," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "TERTIAL septicaemia," "Puereral peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on a statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefore furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass-* Registered No. _____
City or Town *Winthrop* No. *11 Neptune Ave - St.* Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Julia Birch* (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *11 Neptune Ave St.* Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *10* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed.*
5a If married, widowed or divorced. HUSBAND of *Charles White Birch* (or) WIFE of _____
6 AGE Years *95* Months *7* Days *-* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *At home.*
(b) Name of employer _____

8 BIRTHPLACE (City) *Birmingham.*
(State or country) *England.*

9 NAME OF FATHER *William Griffiths.*

10 BIRTHPLACE OF FATHER (City) *Manchester*
(State or country) *England.*

11 MAIDEN NAME OF MOTHER *Mary Brown.*

12 BIRTHPLACE OF MOTHER (City) *Warwick,*
(State or country) *England.*

13 Informant *Mary A. Birch.*
(Address) *11 Neptune Ave.*

14 Filed *Dec 3 1923*
(Month) (Day) (Year) REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Nov 30* *1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Nov. 23*, 19*23*, to *Nov 30*, 19*23*, that I last saw him alive on *Nov 30*, 19*23*, and that death occurred, on the date stated above, at *9.40 a.m.* The CAUSE OF DEATH was as follows:
Cerebral sclerosis.

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY *Acute Cardiac Dilatation*
(SECONDARY) (duration) _____ yrs. _____ mos. *1/2* ds

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? *No* Date of _____
Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) *Richard T. Adams*, M. D.
(Address) *114 Pleasant St.*
Date *November 30 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *St. Andrew's Church*
(Cemetery) (City or town) DATE OF BURIAL *Dec. 2, 1923*

19 UNDERTAKER *Charles P. Beunson* ADDRESS *Winthrop*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *K. C. Danily*
Official position *Health Officer* Date of issue of permit *12/1/23* Permit NO. *654*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*; *Physician*, *Compositor*; *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indistinct); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc.; of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gonorrhea, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

(City or town)

City or Town

Winthrop

No.

55 Somerset Ave

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Barlett Fisher

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

55 Somerset Ave

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,..... hrs.
or..... min.

2

2

10

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop
Mass

(State or country)

9 NAME OF
FATHER

Benjamin B.

10 BIRTHPLACE OF
FATHER (City)Wolboro
N. H.

(State or country)

11 MAIDEN NAME
OF MOTHER

Ruth Martin

12 BIRTHPLACE OF
MOTHER (City)Somerville
Mass

(State or country)

13

Informant

Benj. B. Fisher

(Address)

55 Somerset Ave

14

Filed

Dec 13 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

H. C. Daniels

9. B. 9

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec
(Month)

2

(Day)

1923

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

11/29

, 1923, to

Dec 2

, 1923.

that I last saw him alive on

Dec 2

, 1923.

and that death occurred, on the date stated above, at

5 A m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration)

yrs.

mos.

3 ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

James A. Kelly

, M.D.

(Address)

200 Pleasant St.

Date

12

2

23

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop

(Cemetery)

Winthrop

(City or town)

Dec. 5. 23

19 UNDERTAKER

ADDRESS

John F. O'Neil

Official
position

Health Officer

Date of
issue

12/3/23

Permit
No.

658-

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*. *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary steamman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home* and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphentia* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtmia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. _____
City or Town Winthrop No. 117 Winthrop Shore Drive St. Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stella Keene
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence, No. 117 Winthrop Shore Drive Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred _____ years _____ months _____ days. Now long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5a If married, widowed or divorced HUSBAND of Lucius C. Keene. (or) WIFE of _____

6 AGE Years 63. Months 5 Days 19 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At home. (b) Name of employer _____

8 BIRTHPLACE (City) Centon (State or country) Me.

9 NAME OF FATHER Edward - Child

10 BIRTHPLACE OF FATHER (City) Centon Franklin (State or country) Me.

11 MAIDEN NAME OF MOTHER Melissa Lavin

12 BIRTHPLACE OF MOTHER (City) Campden, Me. (State or country) _____

13 Informant Hattie M. Harris (Address) 117 Winthrop Shore Drive

14 Filed Dec 13/23 REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniel

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH December 10th 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 1st, 1923, to Dec. 10th, 1923, that I last saw her alive on Dec. 10th, 1923, and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH was as follows:

Diabetes Mellitus

(duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY Diabetic Coma (SECONDARY) (duration) _____ yrs. _____ mos. 3 ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? (Signed) W. B. Andrews M. D. (Address) 687 Winthrop Ave Date December 11th 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop DATE OF BURIAL Dec. 13, (Cemetery) (City or town) 1923

19 UNDERTAKER C. R. Benson ADDRESS Winthrop

Official position Health Officer Date of issue of permit 12/12/23 Permit NO. 608

INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Steel engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupation of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease, see DEATH, relate occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the terms accepted term for the same disease. Examples: *Cerebrospinal fever* (its only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *2d day*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Collapsus," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Transition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information as follows: as the sole cause of death: Abortion, cellulitis, childbed fever, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 traumata (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

Winthrop
(City or town)

City or Town

Winthrop

No.

8, Vine Avenue St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Dorcus

Seaman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

P Vine ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

3 months

days.

How long in U. S., if of foreign birth?

50 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widow

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

of William J. Seaman

6 AGE

Years

70

Months

11

Days

20

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

Johnson Mills

(State or country)

N. B.

9 NAME OF
FATHER

Edmond Babcock

10 BIRTHPLACE OF
FATHER (City)

(State or country)

N. B.

11 MAIDEN NAME
OF MOTHER

Mary Barnes

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

N. B.

13

Informant

B. J. Seaman

(Address)

P Vine ave

14

Filed

Dec. 13, 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

R. C. Daniels
9.28

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

December 10 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

October 3, 1923, to Dec 10, 1923,

that I last saw her alive on Dec 5, 1923,

and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease

No (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

Arterio-sclerosis
Nervous (duration) ___ yrs. ___ mos. ___ ds.17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Orville E. Johnson, M. D.

(Address) 123 Winthrop St Winthrop

Date Dec 11 1923 Mass

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Cemetary Sackville Dec 14 1923
(Cemetery) (City or town) N. B.

DATE OF BURIAL

19 UNDERTAKER

E. R. Bennison

ADDRESS

Winthrop

Official
position

Health Officer

Date of

issue

of permit

12/12/23

Permit

NO.

657

should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information as which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. _____
City or Town Winthrop No. 12, Chester Ave. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John H. Ramsey
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No. 12 Chester Ave. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of of Jane

6 AGE Years 90 Months 3 Days 20 If LESS than 1 day, _____ hrs. or _____ min.

15 DATE OF DEATH December 10 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April, 1921, to Dec 10, 1923, that I last saw h. in alive on Dec 10, 1923 and that death occurred, on the date stated above, at 11 P m. The CAUSE OF DEATH was as follows:
Cancer of the Prostate gland

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retiree B.R.B.T
(b) Name of employer Boss Carpenter L. Rickard (duration) 2 yrs. 6 mos. _____ ds.

8 BIRTHPLACE (City) St John
(State or country) U.S.

CONTRIBUTORY None
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? No

PARENTS

9 NAME OF FATHER David Ramsey

10 BIRTHPLACE OF FATHER (City) Malone
(State or country) Londonerry North Ireland

11 MAIDEN NAME OF MOTHER Rebecca Galhoun

12 BIRTHPLACE OF MOTHER (City) Malone
(State or country) Londonerry North Ireland

What test confirmed diagnosis? Clinical
(Signed) Ouelle E. Johnson, M. D.
(Address) 123 Winthrop St
Date Dec-11-1923 Winthrop
(Month) (Day) (Year) Mass

13 Informant Frank W. Ramsey
(Address)

14 Filed Dec 13 1923
(Month) (Day) (Year) REGISTRAR

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town) DATE OF BURIAL Dec 13. 23

19 UNDERTAKER C. R. Benson ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued K-C Daniels

Official position, Health Officer Date of issue of permit 12/12/23 Permit NO. 657

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere, symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Transition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where this person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the places where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH _____ (City or town)
County Suffolk State Mass Registered No. _____

City or Town Northrop No. 46 Batey Ave St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank H. Kamm
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 46 Batey Ave St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
1 5 12

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) Northrop
(State or country) Mass

9 NAME OF FATHER Frank H.

10 BIRTHPLACE OF FATHER (City) New York
(State or country) _____

11 MAIDEN NAME OF MOTHER Anna M. Gibson

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country) _____

13 Informant Frank Kamm
(Address) 46 Batey Ave

14 Filed Dec. 13 1923
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12 10 23
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 12-8, 1923, to 12-10, 1923, that I last saw h _____ alive on 12-9, 1923, and that death occurred, on the date stated above, at 1:39 P.M.
The CAUSE OF DEATH was as follows:

Broncho - Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____
(Signed) F. J. Kelly M. D.
(Address) 500 Pleasant St.
Date 12 10 23
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Cemetery DATE OF BURIAL Dec 13/23
(Cemetery) (City or town)

19 UNDERTAKER John F. O'Malley ADDRESS Northrop

Official position Health Officer Date of issue of permit 12/10/23 Permit NO. 6/56

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The minister worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the *PERSONS CAUSING DEATH*, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the *DISEASE CAUSING DEATH* (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc.; (name of site in "Cancer" as less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report more symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until these shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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. Those include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Registered No.

City or Town

Wentworth

No.

170 Shore Drive

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Pompeo

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

170 Shore Drive

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*X*5a If married, widowed or divorced
HUSBAND of
(or) WIFE of*X**X*

6 AGE

Years

X

Months

X

Days

*X*If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

170 Shore Drive

(State or country)

*Wentworth Mass*9 NAME OF
FATHER*John Pompeo*10 BIRTHPLACE OF
FATHER (City)*Rome*

(State or country)

*Italy*11 MAIDEN NAME
OF MOTHER*Elvina Vocca*12 BIRTHPLACE OF
MOTHER (City)*Naples*

(State or country)

Italy

13

Informant

John Pompeo

(Address)

170 Shore Drive Wentworth

14

Filed

Dec 27 '23

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with ma
BEFORE the burial or transit permit was issued.*H. C. Daniels*
H. C.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec
(Month)*15*
(Day)*1923*
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19__ to __, 19__

that I last saw h alive on __, 19__

and that death occurred, on the date stated above, at *about* *10 A* m.

The CAUSE OF DEATH was as follows:

Still born

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

*(Parental syphilis?)
abnormal placenta*
(duration) ___ yrs. ___ mos. ___ ds.17 Where was disease contracted
if not at place of death?

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

What test confirmed diagnosis?

Abnormal placenta

(Signed)

Albert Ashm

M. D.

(Address)

32 Wavel Way Ave., Wentworth

Date

Dec
(Month)*17*
(Day)*1923*
(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Wentworth

(Cemetery)

Wentworth

(City or town)

DATE OF BURIAL

Dec 17/1923

19 UNDERTAKER

Carroll

ADDRESS

Official
position*Health Officer*Date of
issue
of permit*12/17/23*Permit
NO.*260*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK IN THIS IS A PLAINTEXT DOCUMENT. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*; (b) *Grocery*; (a) *Foreman*; (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indented); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or interfering) affection need not be stated unless important. Example: *Measles* (disease causing death), *eg ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," "Nervous symptomate," "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____
City or Town Winthrop Boston No. 63 Waldemar Ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Gertrude Campbell (Mahony)
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 63 Waldemar Ave St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Archibald G.
(or) WIFE of

6 AGE Years 58 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Homemaker
(b) Name of employer

8 BIRTHPLACE (City) Randolph Mass.
(State or country)

9 NAME OF FATHER John Mahony

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Anna Irish

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Archibald G. Campbell
(Address) Husband

14 Filed Dec 27 1923
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. C. Daniels
9.29.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. 20 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov. 11 1923 to Dec 20 1923, that I last saw her alive on Dec. 20 1923, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:

Cerebral haemorrhage

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Sobriety of brain
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? no
(Signed) Edward J. Fraunger M.D.
(Address) 7 Irving St
Date Dec 7 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden DATE OF BURIAL Dec 22-23
(Cemetery) (City or town)

19-UNDERTAKER John W. Lawry ADDRESS 54 A. St.

Official position Health Officer Date of issue of permit Dec 21 1923 Permit No. 661

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *Al home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scram*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indistinct); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (anno origin); "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *99 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 53, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____City or Town Winthrop No. 93 Shirley St., _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Bertha Byer

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 93 Shirley St., _____ Ward Winthrop
(Usual place of abode) (If non-resident give city or town and State)Length of residence in city or town where death occurred 5 years 6 months _____ days. How long in U. S., if of foreign birth? 30 years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry J.6 AGE 42 Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ mo.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer _____8 BIRTHPLACE (City) Russia
(State or country)9 NAME OF FATHER Albert Rome10 BIRTHPLACE OF FATHER (City) Russia
(State or country)11 MAIDEN NAME OF MOTHER Helen Gersteinsag12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)13 Informant Harry J. Byer
(Address) 93 Shirley St.14 Filed Dec 27 '33
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
9-2

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. 25 1923
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from Dec 1921 to Dec 18 1923,that I last saw her alive on Dec. 18 1923,
and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH was as follows:

Chronic myocarditis(duration) 5? yrs. _____ mos. _____ ds.CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? FOR WHAT? Date of _____Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Albert Astum M.D.(Address) 32 Wave Way Ave. WinthropDate 12 / 25 1923
(Month) (Day) (Year)18 PLACE OF BURIAL, CREMATION, OR REMOVAL W. Rox DATE OF BURIAL Dec. 28 1923
(Cemetery) (City or town)19 UNDERTAKER Wm. Stanetsky ADDRESS BostonOfficial position Health Officer Date of issue of permit 12/25/23 Permit No. 662

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home* and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary action with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Examples: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*
. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

1 PLACE OF DEATH

County Middlesex State Mass Registered No. _____
City or Town Winthrop No. 233 Pleasant St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ida J. Breed in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 233 Pleasant St St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years _____ months _____ days _____ How long in U. S., if of foreign birth? years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Breed

6 DATE OF BIRTH Jan 20 (Month) (Day) (Year) 1953

7 AGE Years 69 Months _____ Days _____ If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) Name of employer _____

9 BIRTHPLACE (City) Pawtucket (State or country) R. I.

10 NAME OF FATHER Wm. J. Breed

11 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Mass

12 MAIDEN NAME OF MOTHER Elizabeth Brewster

13 BIRTHPLACE OF MOTHER (City) Winthrop (State or country) Mass

14 Informant Ida J. Breed (Address) 233 Pleasant St. Winthrop

15 Filed Dec. 28, 1923 (Month) (Day) (Year) REGISTRAR _____

21 Burial permit issued by J. M. Daniels Official position _____

Health Officer J. M. Daniels Date of issue R. 28/23

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 25 (Month) (Day) (Year) 1923

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Acute dilatation of heart.
Chronic myocarditis

(See reverse side for description for unknown person)

18 Where was injury sustained if not at place of death?

(Signed) W. H. Walker, M.D.

(Address) _____

Medical Examiner for _____
Date Dec 26 (Month) (Day) (Year) 1923

19 PLACE OF BURIAL, CREMATION, or REMOVAL Winthrop (Cemetery) (City or town) DATE OF BURIAL Dec 28, 1923 (Month) (Day) (Year)

20 UNDERTAKER W. Ward & Son ADDRESS Malden
Permit No. 663

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 53.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise

a description of such person, as full as may be, with the **cause and manner of his death**, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause and manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Dec. 25, 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Somerset State Mass. Registered No. _____
City or Town Uxbridge No. Manston P.O. Station St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

MELVIN B. CONARY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Somerset St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days
How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

15 DATE OF DEATH Dec 26 1923
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:
Chronic valvular heart disease

6 AGE 63 Years _____ Months _____ Days _____
If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Salesman
(b) Name of employer _____

8 BIRTHPLACE (City) New York
(State or country)

9 NAME OF FATHER George Conary

10 BIRTHPLACE OF FATHER (City) New York
(State or country)

11 MAIDEN NAME OF MOTHER Maudie Clark

12 BIRTHPLACE OF MOTHER (City) New York
(State or country)

13 Informant Wm Benson Brother-in-law
(Address) Uxbridge

14 Filed Dec 27 1923
(Month) (Day) (Year)

REGISTRAR

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) W H Walker, M.D.
(Address) _____

Medical Examiner for _____
Date Dec 26 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Somerset
(Cemetery) (City or town) DATE OF BURIAL Dec 28/23
(Month) (Day) (Year)

19 UNDERTAKER A. W. Hathaway Somerset ADDRESS _____

20 Burial permit issued by WAB, Official position _____

DEC 27 1923 Date of issue

Permit No. 8844

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVED FOR BINDING

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

J. J. Conroy
26. 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. _____ (City or town)
City or Town Winthrop No. Winthrop Community Hospital St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Cunha (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 78 Sunnyside Ave. St., _____ Ward. _____ (If non-resident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed or divorced
HUSBAND of _____
(or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

stillborn.

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Winthrop
Mass.

9 NAME OF FATHER

Manuel Cunha

10 BIRTHPLACE OF FATHER (City)

(State or country)

Boston
Mass.

11 MAIDEN NAME OF MOTHER

Mary E. Gillis

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston
Mass.

13

Informant

(Address)

Manuel Cunha
78 Sunnyside Ave.

14

Filed

Jan 5 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
1/28/24

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 28 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw h _____ alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

still born

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

(Address)

Date

12
(Month)28
(Day)1923
(Year)

M. D.

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St Michael Boston
(Cemetery) (City or town)

DATE OF BURIAL

12/30/23

19 UNDERTAKER

Robert F. O'Malley

ADDRESS

Winthrop

Official position

Health Officer

Date of issue

of permit

12/29/23

Permit

NO.

664

PHYSICIANS should state CAUSE OF DEATH EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 traumas (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Winthrop
(City or town)

1 PLACE OF DEATH

County *Suffolk* State *Mass.* Registered No. _____
City or Town *Winthrop* No. *95 Bowdoin* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William J. Downes
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *95 Bowdoin* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male *White* *Widowed*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Annie F.*

6 AGE Years Months Days If LESS than I day, hrs. or min.

53

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Clerk.*
(b) Name of employer *P.O.*

8 BIRTHPLACE (City) *Charlestown*
(State or country) *Mass*

9 NAME OF FATHER *Francis*

10 BIRTHPLACE OF FATHER (City) *Cannot be learned*
(State or country)

11 MAIDEN NAME OF MOTHER *Elizabeth*

12 BIRTHPLACE OF MOTHER (City) *Charlestown*
(State or country) *Mass*

13 Informant *Josephine Downes*
(Address) *45 Bowdoin St.*

14 Filed *Jan 5 '24* *Bessie S. Lodge*
(Month) (Day) (Year) *Wret. REGISTRAR*

20 Burial permit issued by _____ Official position _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Dec. 28, 1923.*
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Penetrating wound of brain produced by screw-driver.

Investigation pending.
Inquest refused.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? _____
(Signed) *W. S. Wether* _____, M.D.

(Address) *80 E. Concord St.*

Medical Examiner for *Suffolk County*
Date *Dec. 29, 1923.*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Holy Cross Malden* DATE OF BURIAL *Dec 31 1923*
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER *John T. Wadley* ADDRESS *Winthrop*

JAC. 21 Date of issue *DEC 30 1923* Permit No. *9016*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVED FOR BINDING

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

1888. 1927

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Winthrop

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____

City or Town Winthrop No. 14 Coral Ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Annie Sherman
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 14 Coral Ave. St. _____ Ward Winthrop
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David

6 AGE 70 Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) Name of employer _____

8 BIRTHPLACE (City) Austria
(State or country)

9 NAME OF FATHER Nathan Stecker

10 BIRTHPLACE OF FATHER (City) Austria
(State or country)

11 MAIDEN NAME OF MOTHER Minnie Cannon

12 BIRTHPLACE OF MOTHER (City) Austria
(State or country)

13 Informant Max Gruntshet
(Address) 6 Milford St. Boston

14 Filed Jan 5, 1924
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Danila
4-2-1

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 31 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1923, to Dec 31, 1923, that I last saw her alive on Dec 31, 1923, and that death occurred, on the date stated above, at 2:20 A m. The CAUSE OF DEATH was as follows:

Chronic Myocarditis
Diabetes mellitus

(duration) ? yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? FOR WHAT? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? (Signed) R. B. Parker, M.D.

(Address) Winthrop Mass

Date Dec 31, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL W. St. Beth Abraham Cem. DATE OF BURIAL Jan 3, 1924
(Cemetery) (City or town)

19 UNDERTAKER Manuel Stantshy ADDRESS Boston

Official position Health Officer Date of issue of permit 12/31/23 Permit No. 665

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a simple word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Articled*, *Leomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer retired*, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same official term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colicitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

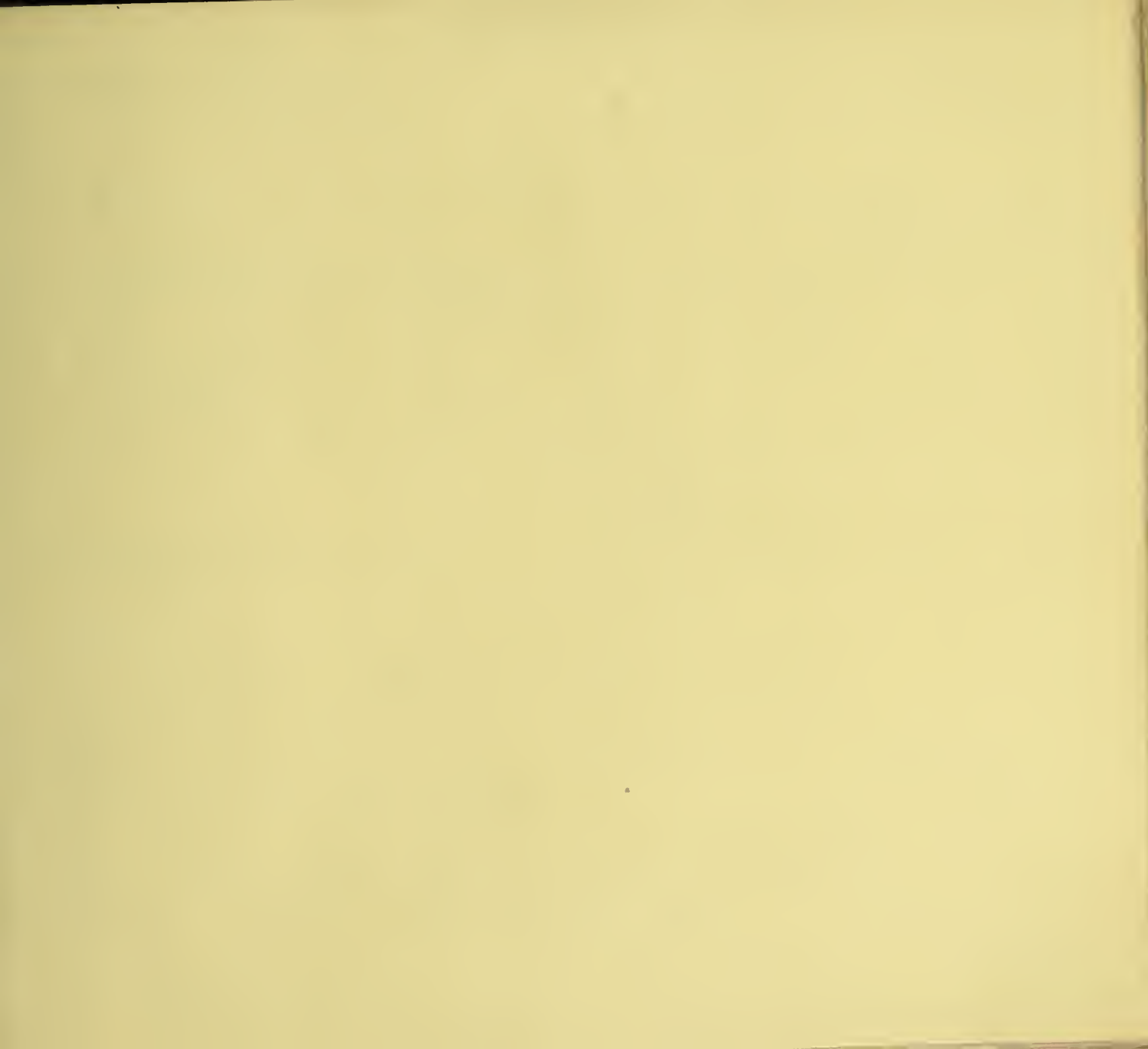
RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.





PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

(City or town)

City or Town

Winthrop

No.

105 Grover Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Carris A. Read

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

105 Grover Ave

St.

Ward

Winthrop

(Usual place of abode)

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred

5 years

months

days

How long in U. S., if of foreign birth?

2 mos 18 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Bayard T. Read

6 AGE

64

Years

Months

4

Days

19

If LESS than

1 day,hrs.

ormin.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) Name of employer

8 BIRTHPLACE (City)

Tacumon

(State or country)

Mass

9 NAME OF FATHER

Chas Horton

10 BIRTHPLACE OF FATHER (City)

Rehoboth

(State or country)

Mass

11 MAIDEN NAME OF MOTHER

Louisa M Read

12 BIRTHPLACE OF MOTHER (City)

North Dighton

(State or country)

13 Informant

Bayard T. Read

(Address)

105 Grover Ave Winthrop

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Elmwood

Bradford

(Cemetery)

(City or town)

DATE OF BURIAL

July 3-24

14

Filed

Jan 16 1924

(Month) (Day) (Year)

REGISTRAR

19 UNDERTAKER

G. M. Allen

ADDRESS

Medford

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or trans' permit was issued

H. C. Daniels

Official position

Health officer

Date of issue

1/2/24

Permit No.

Mass 666

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan 1

(Month)

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

....., 1914, to

Dec 23,

1923,

that I last saw her alive on

December 16, 1923,

and that death occurred, on the date stated above, at

10 AM

The CAUSE OF DEATH was as follows:

Sarcoma of Lungs, Cranium & Pelvis - (Original focus on toe)

(duration) 18 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of 1905-1914

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma*, etc., of.....(name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report more symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence, — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physical 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.

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County MiddlesexState Mass.Registered No. 11

(Place of death)

City or Town CambridgeNo. Charlesgate Hospital

Registered No.

(Place of residence)

City or Town

No. St. Ward 47
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Abraham Segal

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.
(Usual place of abode)City or Town Winthrop No. 47 Washington Av. St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.5a If married, widowed, or divorced HUSBAND of (or) WIFE of Freeda6 AGE Years 73 Months 0 Days 0 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired
(b) Name of employer8 BIRTHPLACE (city or town) Russia
(State or country)9 NAME OF FATHER Joseph10 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)11 MAIDEN NAME OF MOTHER Anna (Unkn)12 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)13 Informant Jennie Reitran,
(Address) Winthrop, Mass.14 Filed Jan. 4, 1924 Registrar of city or town where death occurred
Filed Mar. 7, 1924 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan. 2, 1924
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1923 to Jan. 2, 1924that I last saw him alive on Jan. 2, 1924.and that death occurred, on the date stated above, at 4.30 P

The CAUSE OF DEATH was as follows:

Gangrene of foot and left leg with infection- Amputation- embolic following pneumonia 1 dayUraemia (duration) 1 day, mos., ds.

CONTRIBUTORY (SECONDARY) (duration) yrs., mos., ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? J. J. Cotton

(Signed) , M.D.

(Address) Commonwealth Av. Boston
Jan. 3, 1924

Date (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Beth Abraham, Roxbury
(Cemetery) (City or town)DATE OF BURIAL Jan. 3, 192419 UNDERTAKER Manuel StanetskyADDRESS Boston Mass.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter, (b) Cotton mill; (c) Sakerman, (d) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meninges, peritoneum, etc. Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State causes for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

R-301 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD CERTIFICATE OF DEATH
 PHYSICIANS should state CAUSE OF DEATH EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass. Registered No. Winthrop
 City or Town Winthrop No. Winthrop Community Hospital St., Beachmont Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Connor
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. 124 Crescent Ave St., Beachmont Ward.
 (Usual place of abode) (If non-resident give city or town and state)
 Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) Name of employer

8 BIRTHPLACE (City) Winthrop (State or country) Mass

9 NAME OF FATHER Timothy J. Connor

10 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

11 MAIDEN NAME OF MOTHER Josephine A. Brennan

12 BIRTHPLACE OF MOTHER (City) Derry (State or country) N.H.

13 Informant T. J. Connor
 (Address) 124 Crescent Ave Beachmont

14 Filed Jan. 16, 1924
 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 4 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from on Jan. 4, 1924, to _____, 19____, that I last saw h _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:
still born
 _____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death?
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis?
 (Signed) Edw. J. Frauger M. D.
 (Address) 7 Drwin St. Winthrop
 Date Jan 4 1923
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michael's Boston DATE OF BURIAL Jan 7/24
 (Cemetery) (City or town)

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniel
 Official position Health Officer Date of issue of permit 1/17/24 Permit NO. 16677

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculous of lungs*, *metastases*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whitoping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificate will be returned for additional information as the sole cause of death. Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is certified by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending Physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSThe Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATHWinthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____
City or Town Winthrop No. 26 Pleasant St. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edward A. Hoyt
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 26 Pleasant St., _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and State)Length of residence in city or town where death occurred 24 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet E.6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 84

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk.(b) Name of employer U.S. Post Office8 BIRTHPLACE (City) Providence
(State or country) R.I.9 NAME OF FATHER Benjamin Hoyt10 BIRTHPLACE OF FATHER (City) Bradford
(State or country) Vt.11 MAIDEN NAME OF MOTHER Hester M. Kenney12 BIRTHPLACE OF MOTHER (City) Boothbay
(State or country) Me.13 Informant Edward H. Hoyt
(Address) 24 Cummings Rd Boston14 Filed Jan. 16, 1924
(Month) (Day) (Year) REGISTRAR20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued K. C. Danilek

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 5, 1924
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1923, to Jan 5, 1924.
that I last saw him alive on Jan 4, 1924
and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH was as follows:
Quintessential embolism of heartCONTRIBUTORY General arteriosclerosis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.17 Where was disease contracted if not at place of death? _____ FOR WHAT? _____
(duration) _____ yrs. _____ mos. _____ ds.

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) Harvey A. [unclear], M.D.(Address) 251 [unclear]
Date _____ (Month) (Day) (Year) 2718 PLACE OF BURIAL, CREMATION, OR REMOVAL Cassiee [unclear]
(Cemetery) (City or town) DATE OF BURIAL Jan 9, 192419 UNDERTAKER John F. O'Maley ADDRESS WinthropOfficial position Health officer Date of issue of permit 1/8/24 Permit No. 668

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphleria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is inadequate); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *89 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Corticæes will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State **Massachusetts**

Registered No. _____
(Place of death)

City or Town **Boston**

No. _____

PETER BENT BRIGHAM HOSPITAL

(Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **MARGARET MARY CLANCY**

MASS.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, State

City or Town **WINTHROP**

No. **162** **CIRCUIT ROAD** St.

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **S**

15 DATE OF DEATH **JAN. 5** 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from **NOV. 30**, 19**23**, to **JAN. 5**, 19**24**.

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
29 **5** **22**

that I last saw h. **ER** alive on **JAN. 5**, 19**24**, and that death occurred, on the date stated above, at **7.05P** m. The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here

BRAIN TUMOR, LT. TEMPORAL, MALIGNANT

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **SWITCH-BOARD OPR.**

(duration) _____ yrs. **5** mos. _____ ds.

(b) Name of employer **STATE HOUSE**

CONTRIBUTORY **METASTATIC CANCER VISCERA** (SECONDARY)

8 BIRTHPLACE (city or town) **BOSTON**
(State or country)

(duration) _____ yrs. **2** mos. _____ ds.

9 NAME OF FATHER **PATRICK J.**

17 Where was disease contracted if not at place of death?

10 BIRTHPLACE OF FATHER (city or town) **IRELAND**
(State or country)

Did an operation precede death? **YES** Date of **DEC. 12, '23**

Was there an autopsy? **YES (LT. BONE FLAP)**

11 MAIDEN NAME OF MOTHER **ALICE M. KELLY**

What test confirmed diagnosis?
(Signed) **A. G. NICHOLS**, M.D.

12 BIRTHPLACE OF MOTHER (city or town) **IRELAND**
(State or country)

(Address) _____
Date **JAN. 6** 19**24**
(Month) (Day) (Year)

13 Informant **PATK. CLANCY**
(Address)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **MT. BENEDICT**
(Cemetery) (City or town) DATE OF BURIAL **JAN. 8** 19**24**

14 Filed **JAN. 8**, 19**24** **E. W. McEneaney**
Registrar of city or town where death occurred

19 UNDERTAKER **R. C. KIRBY** ADDRESS _____

Filed **Jan. 15**, 19**24** _____
Registrar of city or town where deceased resided

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, *first*, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 1147
City or Town Wentthrop No. Wentthrop Community Hosp Ward 2
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Russell Lowell
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 676 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced
HUSBAND of _____
(or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
27

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Composition man.
(b) Name of employer Trans. Tel. Co.

8 BIRTHPLACE (City) Buxton
(State or country) Mass.

9 NAME OF FATHER Charles W. Lowell

10 BIRTHPLACE OF FATHER (City) Cambridge
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Jennie Toomey

12 BIRTHPLACE OF MOTHER (City) Newton
(State or country) Mass.

13 Informant Mother Jennie Toomey
(Address) 676 Pleasant St. Wentthrop

14 Filed Jan. 16, 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued L. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 9 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from October 27, 1923, to Jan 9, 1924, that I last saw him alive on Jan 9, 1924 and that death occurred, on the date stated above, at 10⁴⁵ 9 m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

Severe (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY Hypostatic Pneumonia
(SECONDARY) (duration) ____ yrs. ____ mos. 2 ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of _____
Was there an autopsy? no

What test confirmed diagnosis? Clinical
(Signed) Orville E. Johnson, M. D.
(Address) 123 Wicketts St
Date Jan 9 - 1924 Wentthrop
(Month) (Day) (Year)

18 PLACE OF BURIAL CREMATION OR REMOVAL Holy Hood Brookline
(Cemetery) (City or town) DATE OF BURIAL Jan. 12, 24

19 UNDERTAKER Richard C. Kirby ADDRESS East Boston

Official position Health Officer Date of issue of permit 11/24 Permit NO. 669

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If relieved from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonem*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesenteric whooping cough*; *Chronic adnalar heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric disease causing death*, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall hurry a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until these shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or he is inefficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State _____ Registered No. _____
City or Town *Winthrop* No. *Community Hosp* St., _____ Ward _____
(If death occurred on a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Baby Welch, Joseph*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *38 Beal* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *S.*
5a If married, widowed or divorced HUSBAND of (or) WIFE of _____
6 AGE Years _____ Months _____ Days *2* If LESS than 1 day, _____ hrs. or _____ min.

15 DATE OF DEATH *Jan 10 1924*
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from *Jan 8*, 1924, to *Jan 10*, 1924, that I last saw him alive on *Jan 10*, 1924, and that death occurred, on the date stated above, at *8 P* m.
The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here

Cerebral Hemorrhage
(duration) _____ yrs. _____ mos. *2* ds.

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds

8 BIRTHPLACE (City) *Winthrop*
(State or country) *Mass*

17 Where was disease contracted if not at place of death? *at place of death*
Did an operation precede death? *no* Date of _____

9 NAME OF FATHER *Albert F.*

Was there an autopsy? *no*
What test confirmed diagnosis? *Personal Observat*

10 BIRTHPLACE OF FATHER (City) *East Boston*
(State or country) *Mass*

(Signed) *R. B. Parker*, M. D.
(Address) *Winthrop*

11 MAIDEN NAME OF MOTHER *Mary T. McGinnis*

Date *Jan 11 1924*
(Month) (Day) (Year)

12 BIRTHPLACE OF MOTHER (City) *East Boston*
(State or country) *Mass*

18 PLACE OF BURIAL CREMATION OR REMOVAL *Holy Cross Malden*
(Cemetery) (City or town) DATE OF BURIAL *Jan 11, 1924*

13 Informant *Thomas Welch*
(Address) *90 Circuit Rd*

19 UNDERTAKER *John T. O'Malley*
ADDRESS *Winthrop*

14 Filed *Jan 16 1924*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *H. C. Daniels*
4-18

Official position *Health Officer* Date of issue of permit *1/11/24* Permit ND. *670*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary Engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer;" "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically, as occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the name, avoiding DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name or origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mastitis*: *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Anuria," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. Wenchook
(City or town)

City or Town Wenchook No. Community - Hospital St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Jane Snook
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 37 Temple ave St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 3 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced
HUSBAND OF Aaron L. Snook
(or) WIFE OF

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

52 11

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer Housewife

8 BIRTHPLACE (City) Fox
(State or country) Ill

9 NAME OF FATHER Willet Young

10 BIRTHPLACE OF FATHER (City) West Charles County
(State or country) Ind

11 MAIDEN NAME OF MOTHER Lizzie Hurtoon

12 BIRTHPLACE OF MOTHER (City) unable to obtain
(State or country) " " "

13 Informant Aaron L. Snook
(Address) 37 Temple ave Wenchook

14 Filed Jan 16 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Danile
9. 28

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 11 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1924, to Jan 11, 1924, that I last saw her alive on Jan 11, 1924, and that death occurred, on the date stated above, at 8:15 P m. The CAUSE OF DEATH was as follows:

Carcinoma of Uterus.

(duration) _____ yrs. ? mos. _____ ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Jan 11/24

Was there an autopsy? No.

What test confirmed diagnosis? Pathological Examination
(Signed) P. B. Farber, M. D.

(Address) Wenchook Mass
Date Jan 13 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Freshkill
Freshkill Rural Cemety - N.Y. DATE OF BURIAL 1/14/1924
(Cemetery) (City or town)

19 UNDERTAKER C. R. Beaman ADDRESS Wenchook

Official position Health Officer Date of issue of permit 1/17/24 Permit NO. 671

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colon mill*; (c) *Salesman*, (b) *Greasy*; (d) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *19 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," "maraly symptomatic," "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 39, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-303
 N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

Waltham
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 33)

1 PLACE OF DEATH

County *Suffolk*

State *Mass*

Registered No.

City or Town *Winthrop*

No. *94 Terrace Ave*

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Miss Susannah Montgomery

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *94 Terrace Ave*

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *3* years

3 months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of *James Montgomery*

6 AGE

Years *58*

Months *-*

Days *-*

If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at home*

(b) Name of employer

8 BIRTHPLACE (City)

Belfast

(State or country)

9 NAME OF FATHER

John Boyce

10 BIRTHPLACE OF FATHER (City)

Belfast

(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

Susan McNeill

12 BIRTHPLACE OF MOTHER (City)

Belfast

(State or country)

Ireland

13

Informant *Wm Boyce*

(Address) *34 Hammond St Woburn*

14

Filed *Jan 17 1924*

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month) *Jan*

(Day) *15*

(Year) *1924*

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural cause probably cerebral haemorrhage

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) *W. H. Waltham*

M. D.

(Address)

Medical Examiner for

Date *Jan 16 1924*

(Month) (Day) (Year)

16 (Day)

1924 (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Int'l Home (Cemetery)

Boston (City or town)

DATE OF BURIAL

1/17-24 (Month) (Day) (Year)

19 UNDERTAKER

C. R. Bennett

ADDRESS

Went St

20 Burial permit issued by *H. C. Daniels*

Official position *Health Officer*

21 Date of issue *1/17/24*

Permit No. *672*

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 8.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan 15, 1924

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop, Mass
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. _____

City or Town Winthrop No. 239 Shore Drive St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Batti
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 239 Shore Drive St. _____ Ward Winthrop, Mass
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) Name of employer _____

8 BIRTHPLACE (City) Winthrop, Mass (State or country)

9 NAME OF FATHER Andrea Batti

10 BIRTHPLACE OF FATHER (City) Italy (State or country)

11 MAIDEN NAME OF MOTHER Stazia Mascolina

12 BIRTHPLACE OF MOTHER (City) Italy (State or country)

13 Informant Andrea Batti (Address) 239 Shore Drive, Winthrop

14 Filed Jan 29, 1924 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 16th, 1924 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1924, to Jan 16, 1924 that I last saw h. alive on _____ 19____

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH was as follows: Still birth

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? (Signed) Cesario A. Guaricus, M.D. (Address) 295 Waverley St Date Jan 16, 1924 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Michael's Cemetery (Cemetery) (City or town) DATE OF BURIAL Jan. 19, 1924

19 UNDERTAKER Angelo Jannini ADDRESS 215 North St Boston Mass

Official position Health Officer Date of issue of permit 4/19/24 Permit No. 674

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association!

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Expansion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 resusitating septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Winthrop* No. *10*, Rear *Putnam* St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Johanna S. Casseus*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *10, Rear Putnam St.* Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of time in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years *13* Months _____ Days *10* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *H. Home*
(b) Name of employer _____

8 BIRTHPLACE (City) *Winthrop*
(State or country) *Mass*

9 NAME OF FATHER *Thomas F.*

10 BIRTHPLACE OF FATHER (City) *E. Boston*
(State or country) *Mass*

11 MAIDEN NAME OF MOTHER *Artrude M. Winthrop*

12 BIRTHPLACE OF MOTHER (City) *Belfast*
(State or country) *Me.*

13 Informant *Mrs G. M. Casseus*
(Address) *90 Rear Putnam St.*

14 Filed *Jan. 29, 1924*
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels*
Dr. Dr.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *January 17, 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Sept 14, 1923*, to *January 4, 1924*, that I last saw him alive on *January 4, 1924*, and that death occurred, on the date stated above, at *5.15* a.m.

The CAUSE OF DEATH was as follows:
Chronic myocarditis and Chronic myosclerosis
(duration) *8* yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of

Was there an autopsy? *No.*

What test confirmed diagnosis? *Physical Examination*

(Signed) *Dr. J. M. ...* M. D.
(Address) *Harry F. ...*
Date *January 17, 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Holy Cross* DATE OF BURIAL *Jan. 19, 1924*
(Cemetery) (City or town)

19 UNDERTAKER *John F. O'Malley* ADDRESS *Winthrop*

Official position *Health Officer* Date of issue of permit *1/18/24* Permit NO. *673*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary Comman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, *Home*, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection which alone, in time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Diphteric cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*, *Bronchopneumonia* ("Pneumonia" unqualified, is indistinct); *Tuberculosis of lungs*, *meninges*, *peritonem*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin in parentheses, if less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria* (Whooping cough; *chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The unqualified (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *10 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Edema," "Heart failure," "Hemorrhage," "Inflammation," "Marasmus," "Old age," "Shock," "Drema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL eclampsia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained easily enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 39, Sec. 6.*

He shall in all cases certify to this to town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 39, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons for whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

County Pinellas

STATE BOARD OF HEALTH OF FLORIDA

Permit No. 291

Precinct _____
(Write name, not number)

BUREAU OF VITAL STATISTICS

or
Inc. Town _____
City St. Petersburg Fla

REMOVAL AND BURIAL PERMIT

Reg. Dist. No. 390I

Full name James Edward Young; Age 76; Sex Male; Color White

Disease causing Death Acute Pancreatitis

Date of death Jan 18th 1924, 19__

Removal to Boston Mass, via Atlantic Coast Line

Undertaker Wilhelm Undertaking Co Address St. Petersburg Fla

A Certificate of Death having been filed in my office in accordance with the Laws of Florida, I hereby authorize the removal and burial of the body of said deceased person as stated above.

Dated Jan 21st 1924, 192__ Registrar's Signature [Signature]

Burial Permits must be delivered by the undertaker to the sexton or other persons in charge of the burial ground or cemetery where burial takes place. When the body is to be shipped to a distant point, requiring the service of a common carrier, in addition to the Removal Permit, the body must be accompanied by a Transit Label as required by the State Board of Health. For full particulars see Rules and Regulations governing the transportation of dead bodies.

Sexton's Signature _____ Date of Interment _____, 192__

This permit must be indorsed by the sexton and returned to the Local Registrar of his district within ten days. If there is no sexton or person in charge of burial ground, the undertaker or person acting as such, shall sign same as sexton, giving date of interment. Write across face of permit the words, "No person in charge," and return to Local Registrar of the district in which interment is made within ten days.

INSTRUCTIONS TO PASSENGER ACCOMPANYING REMAINS

This Burial and Removal Permit must be filled out by the Local Registrar of the registration district in which the death occurred from information stated on the Death Certificate, over his signature.

The transportation company's agent or baggagemaster must detach this portion of the permit and hand it to the person authorized to accompany the remains.

If the body is shipped by express, the express agent must detach this portion of the Transit Permit and attach it to the Waybill, as it must accompany the remains to its destination. The receiving agent to turn over this Permit to the receiving undertaker, or person to whom the body is delivered.

The passenger accompanying the remains must deliver this Permit to the undertaker or person having charge of the burial of the body.

This permit authorizes the burial of the body of the deceased named on the reverse side of this Permit at any place in the State of Florida.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County ~~Suffolk~~ State Massachusetts Registered No. _____
City or Town Boston No. Petersburg Florida St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Edward Young
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence No. 32 Edgell Ave. St., _____ Ward. Winthrop Mass
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Wh 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years 76 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired
(b) Name of employer _____

8 BIRTHPLACE (City) Nova Scotia
(State or country)

9 NAME OF FATHER William Young

10 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

11 MAIDEN NAME OF MOTHER Ellen

12 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

13 Informant Wiley Young
(Address) 32 Edgell Winthrop Mass

14 Filed Mar. 11, 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan. 18 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:

Acute Pancreatitis

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? FOR WHAT? _____ Date of _____

Was there an autopsy? If Under One Year, Was Baby Breast Fed
What test confirmed diagnosis? _____

(Signed) _____, M. D.
(Address) _____
Date _____ (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Winthrop Cemetery
(Cemetery) (City or town) DATE OF BURIAL Jan 25/24

19 UNDERTAKER J. E. Henderson
ADDRESS Everett

Official Position _____ Date of issue of permit 23 1924 Permit No. 1878

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*; (d) *Grocery*; (e) *Foreman*; (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasmas); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia," (merely symptomatoid), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Compensal," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Imanition," "Marasmodine disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

7-301
 N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. _____
 City or Town **Boston** No. **57, Beacon** St., Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Margaret Mc Alees

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **57 Beacon** St., Ward **Northrop**
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5a If married, widowed, or divorced

~~HUSBAND of~~ **John B. Mc Alees**
 (or) WIFE of

6 AGE Years **75** Months **-** Days **-** If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **None**
 (b) Name of employer

8 BIRTHPLACE (City)

Boston
 (State or country) **Mass.**

9 NAME OF FATHER

Patrick Mullin

10 BIRTHPLACE OF FATHER (City)

(State or country) **Ireland**

11 MAIDEN NAME OF MOTHER

Can not be learned

12 BIRTHPLACE OF MOTHER (City)

(State or country) **Boston, Mass.**

13

Informant **Husband**
 (Address)

14

Filed **Jan 29 1924**
 (Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **1** (Month) **20** (Day) **24** (Year)

16 I HEREBY CERTIFY, That I attended deceased from **Jan 5**, 19**24**, to **Jan 20**, 19**24**, that I last saw him alive on **Jan 20**, 19**24** and that death occurred, on the date stated above, at **11:35 P.m.** The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

CONTRIBUTORY (SECONDARY) **Arteriosclerosis** (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? **FOR WHAT?**

Did an operation precede death? **?** Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? **A**
 (Signed) **Walter A. Kelly**, M.D.

(Address) **26, Newmarket St.**

Date **1** (Month) **21** (Day) **24** (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Benedict Boston
 (Cemetery) (City or town)

DATE OF BURIAL

1/23/24

19 UNDERTAKER

J. D. Fallon

ADDRESS

730 Centre St., Jamaica Plain

Official position **Health Officer** of permit **1/21/24** No. **75**

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a simple word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Cartwright, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Mesles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asthma," "Anomia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefore furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Waltham* No. *312 Bowdoin St* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Lydia G. Slatery*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *312 Bowdoin* St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred *25* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5a If married, widowed or divorced HUSBAND or (or) WIFE of *Valentine Slatery*
6 AGE Years *63* Months *8* Days *19* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____
7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at Home*
(b) Name of employer _____

8 BIRTHPLACE (City) *Bridgewater*
(State or country) *Nova Scotia*

9 NAME OF FATHER *Dean Wile*
10 BIRTHPLACE OF FATHER (City) *Bridgewater*
(State or country) *N. S.*
11 MAIDEN NAME OF MOTHER *Mary Everett*
12 BIRTHPLACE OF MOTHER (City) _____
(State or country) *N. S.*

13 Informant *Valentine Slatery*
(Address) *312 Bowdoin St Waltham*

14 Filed *Jan 29 1924*
(Month) (Day) (Year)
REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
H. P. Lawrence

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Jan 21 1924*
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from *Jan 21 1924* to *Jan 21 1924*, that I last saw her alive on *Jan 21 1924*, and that death occurred, on the date stated above, at *11:00 a.m.* The CAUSE OF DEATH was as follows:

Cerebral thrombosis
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY *Arterio-sclerosis*
(SECONDARY) (duration) *1* yrs. _____ mos. _____ ds.
17 Where was disease contracted _____ if not at place of death?
Did an operation precede death? *No* Date of _____
Was there an autopsy? *No*
What test confirmed diagnosis?
(Signed) *Edward J. Prange* M. D.
(Address) *7 Irving St*
Date *Jan 24 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Waltham - Waltham*
(Cemetery) (City or town) DATE OF BURIAL *1/24/24*

19 UNDERTAKER *C. P. Lawrence* ADDRESS *Waltham*

Official position *Health Officer* Date of issue of permit *1/24/24* Permit NO. *676*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatsoever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbestia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERINEURAL septicemia," "PERINEURAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, cholera, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until these shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. _____
City or Town Wintthrop No. Wintthrop Community Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(Signature) Karas
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 13 way way ave St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE w. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here Premature

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) Name of employer _____

8 BIRTHPLACE (City)

(State or country) Wintthrop

9 NAME OF FATHER

Eli Karas

10 BIRTHPLACE OF FATHER (City)

(State or country) Dziewick
Russia

11 MAIDEN NAME OF MOTHER

Eva Shecton

12 BIRTHPLACE OF MOTHER (City)

(State or country) Boston
Mass.

13

Informant Eli Karas
(Address) 13 way way ave
Wintthrop

14

Filed Jan 29 1924
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

H. C. Daniels
4521

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 26 1924.
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1924, to Jan 26, 1924, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Premature & StillbornCONTRIBUTORY Toxaemia of mother
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____ (duration) _____ yrs. _____ mos. _____ ds.

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Albert Astin, M.D.(Address) 32 way way ave, WintthropDate Jan 27, 1924.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Burial Corporation
(Cemetery) (City or town)

DATE OF BURIAL

Jan 27/24

19 UNDERTAKER

Max Quint

ADDRESS

WaldenOfficial position Health Officer Date of issue of permit 1/27/24 Permit No. 677

N. B. WHITE PLAIN, WITH ORIGINAL BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Associations]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningeal*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningitis* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, calbitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Concord
 (City or town)

Registered No. *12*
 (Place of death)
 Registered No. _____
 (Place of residence)
 No. *2 Fielding* St., _____ Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

1 PLACE OF DEATH
 County *Wendover* State *Massachusetts*
 City or Town *Concord* No. *2 Fielding*
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME *Carl Kendrick Hanson*
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. State *Massachusetts* City or Town *Wintthrop* No. *Armscott* St.
 (Usual place of abode)
 Length of residence in city or town where death occurred _____ years _____ months _____ days
 How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Ryana Hanson*
 6 DATE OF BIRTH (month, day, and year) _____
 7 AGE Years *47* Months *-* Days *-* If LESS than 1 day, _____ hrs. or _____ min.

16 DATE OF DEATH (month, day, and year) *January 27* 19 *24*
 17 I HEREBY CERTIFY, that I attended deceased from *January 21*, 19 *24* *Concord*, 19 *24*, that I last saw him alive on *January 25*, 19 *24*, and that death occurred, on the date stated above, at *7:50 A.* m. The CAUSE OF DEATH* was as follows:

Lung

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Stationary Engineer*
 (b) Name of employer _____

CONTRIBUTORY (SECONDARY) *Auto registration* (duration) _____ yrs. *1* mos. *27* ds.
more in Lin (duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) *Limerick* (State or country) *Norway*
 10 NAME OF FATHER *Hans Hanson*
 11 BIRTHPLACE OF FATHER (city or town) *Norway* (State or country) _____
 12 MAIDEN NAME OF MOTHER *Bertha (Wideman)*
 13 BIRTHPLACE OF MOTHER (city or town) *Sveinmark* (State or country) _____

18 Where was disease contracted if not at place of death? *No*
 Did an operation precede death? *No* Date of _____
 Was there an autopsy? *No*
 What test confirmed diagnosis? _____
 (Signed) *Mark H. Westworth*, M.D.
127, 19 *24* (Address) *2 Elm St. Concord, Mass*

14 Informant *Emma L. Johnson* (Address) _____

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wintthrop* *Wintthrop* DATE OF BURIAL *Jan 30* 19 *24*

15 Filed *Jan 31*, 19 *24* *Wm J. Cross* Registrar of city or town where death occurred
 Filed *Feb 1*, 19 *24* Registrar of city or town where deceased resided

20 UNDERTAKER *C. R. Brunison* ADDRESS *Wintthrop* *Mass*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal hold* only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing nears the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, who last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Wentworth* No. *112 Hermon St.* St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Mary Ellen Menchen*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *112 Hermon* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred *35* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5a If ~~married~~, widowed or divorced, HUSBAND OF (or) WIFE OF *John Menchen*

6 AGE Years _____ Months *76* Days *10* If LESS than 1 day, _____ hrs. _____ min. *14*

15 DATE OF DEATH *Jan* (Month) *29* (Day) *1924* (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw her alive on _____, 19____, and that death occurred, on the date stated above, at *7:45 P* m. The CAUSE OF DEATH was as follows:

If STILLBORN, enter the fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *at Home* (b) Name of employer _____

Natural Causes
presumably Cardiac Failure

_____ (duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (City) *Conway* (State or country) *N. H.*

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

9 NAME OF FATHER *William Webster*

10 BIRTHPLACE OF FATHER (City) *Conway* (State or country) *N. H.*

11 MAIDEN NAME OF MOTHER *Sarah Fessenden*

12 BIRTHPLACE OF MOTHER (City) *Brownfield* (State or country) *Me*

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? *no.*

What test confirmed diagnosis? *Impure*

(Signed) *R. B. Parker*, M. D.
(Address) *Wentworth Board of Health*
Date *Jan* (Month) *30* (Day) *1924* (Year)

13 Informant *Ben Arthur Menchen* (Address) *114 Lincoln St. Wentworth*

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Wentworth Cemetery* (City or town) *Conway*

DATE OF BURIAL *1/31-24*

14 Filed *Feb. 1, 1924* (Month) (Day) (Year) REGISTRAR

19 UNDERTAKER *Chas. R. Brennan* ADDRESS *Wentworth*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels*

Official position *Health Officer* Date of issue of permit *1/30/24* Permit NO. *678*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certhaceas will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gastrone, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was connected, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which to the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-301
 N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
 (City or town)

1 PLACE OF DEATH
 County Suffolk State Mass Registered No. _____
 City or Town Wintthrop No. 230 Lincoln St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Caroline A. Floyd
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 230 Lincoln St., _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of David Albert Floyd (or) WIFE of _____

6 AGE Years 82 Months 2 Days 12 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
 (b) Name of employer _____

8 BIRTHPLACE (City)

(State or country) Medford Mass

9 NAME OF FATHER

John Allen

10 BIRTHPLACE OF FATHER (City)

Hillsboro N. H.

11 MAIDEN NAME OF MOTHER

Susan Seale

12 BIRTHPLACE OF MOTHER (City)

Medford Mass

13 Informant

Ron Max Floyd
 (Address) 230 Lincoln St Wintthrop

14 Filed Feb 1, 1924
 (Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January 27, 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1924, to Jan 29, 1924, that I last saw her alive on Jan 29, 1924, and that death occurred, on the date stated above, at 8400 m.

The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY Valvular heart disease
 (SECONDARY) 1 (duration) 3 yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?
 (Signed) Corace J Soule, M.D.
 (Address) 180 Wintthrop St
 Date Jan 29, 1924
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wintthrop Wintthrop
 (Cemetery) (City or town)

DATE OF BURIAL Jan 31-24

19 UNDERTAKER

Frank E. Brown
 ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
 REGISTRAR

Official position Health Officer Date of issue of permit 7/30/24 Permit No. 679

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housework*, who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *92 d.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

Suffolk
Winthrop

State

Mass
81 Birch

Registered No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Araminta D. Sargent

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

81 Birch

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

George W.

6 DATE OF BIRTH

Sept. 30, 1835
(Month) (Day) (Year)

7 AGE

Years

88

Months

3

Days

30

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.
(b) Name of employer

At home

9 BIRTHPLACE (City) (State or country)

*Rockland
Maine*

10 NAME OF FATHER

John A. Gregory

11 BIRTHPLACE OF FATHER (City) (State or country)

*Canaan
Maine*

12 MAIDEN NAME OF MOTHER

Phoebe Young

13 BIRTHPLACE OF MOTHER (City) (State or country)

*Canaan
Maine*

14 Informant

*Wm H. Pearson
81 Birch Rd. Winthrop*

(Address)

15 Filed

Feb. 1, 1924
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
H. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan. 29, 1924
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan. 15, 1924, to Jan. 29, 1924,

that I last saw her alive on *Jan. 28, 1924,*

and that death occurred, on the date stated above, at *5 a. m.*

The CAUSE OF DEATH was as follows:

Cerebral haemorrhage.

(duration) yrs. mos. *14* ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Edward J. Franzen, M.D.*

(Address) *7 Green St.*

Date *Jan. 29, 1924*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*Woodlawn Cemetery
(City or town)*

Jan 31, 1924

20 UNDERTAKER

ADDRESS

Frank C. Brown, 60 Boston

Official position *Health Officer* Date of issue of permit *1/3/24* No. *680*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement, Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Limber — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic services for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelicate); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Examples: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dribble" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPARTAL septicemia," "PERIPARTAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neurosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 11, as amended by Acts of 1910, Chap. 882.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winsthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Winsthrop* No. *55 Sea View Ave* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Lillian Ruth Davis*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *55 Sea View Ave* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *10* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5a If married, widowed or divorced
HUSBAND of *Myrton L. Davis*
(or) WIFE of _____
6 AGE Years *49* Months *11* Days *22*
If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at home*
(b) Name of employer _____

8 BIRTHPLACE (City) *Port Grevill*
(State or country) *Nova Scotia*

9 NAME OF FATHER *James E. Hatfield*

10 BIRTHPLACE OF FATHER (City) *Port Grevill*
(State or country) *Nova Scotia*

11 MAIDEN NAME OF MOTHER *Hester Hatfield*

12 BIRTHPLACE OF MOTHER (City) *Nova Scotia*
(State or country) *unable to obtain*

13 Informant *Myrton L. Davis*
(Address) *55 Sea View Ave Winsthrop*

14 Filed *Feb. 1, 1924*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H.C. Daniels*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Jan 30 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,
that I last saw her alive on _____, 19____,
and that death occurred, on the date stated above, at *3 P.* m.
The CAUSE OF DEATH was as follows:

Natural Causes
Probably Bronchial Pneumonia
(duration) _____ yrs. _____ mos. *10* ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? _____
(Signed) *R. B. Parker*, M. D.
(Address) *Winsthrop Board of Health*
Date *Jan 31 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winsthrop *Winsthrop*
(Cemetery) (City or town) DATE OF BURIAL *Feb 1st 1924*

19 UNDERTAKER
Chas. R. Benneson ADDRESS *Winsthrop*

Official position *Health Officer* Date of issue of permit *2/1/24* Permit ND. *68-1*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typoidal fever* (never report "Typoidal pneumonia"); *Labor pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases, peritonem*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapsus," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 467, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No. 35 Fremont St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 years 9 months days. How long in U. S., if of foreign birth? 21 years 9 months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

male

white

single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

22

21

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Bank Clerk

Commonwealth Trust Co

8 BIRTHPLACE (City)
(State or country)

Hamilton

Bermuda

9 NAME OF
FATHER

William L Childress

10 BIRTHPLACE OF
FATHER (City)

Honesdale

(State or country)

Pennsylvania

11 MAIDEN NAME
OF MOTHER

Emma L Card

12 BIRTHPLACE OF
MOTHER (City)

Hamilton

(State or country)

Bermuda

13

Informant

(Address)

Wm. D. Childress
35 Fremont St.

14

Filed

Feb 7 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. D. Amely

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July 2
(Month)1924
(Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 6, 1924, to July 2, 1924,

that I last saw him alive on July 1, 1924,

and that death occurred, on the date stated above, at 2:25 a. m.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

CONTRIBUTORY
(SECONDARY)Pulmonary Haemorrhage
(duration) yrs. mos. ds.17 Where was disease contracted
if not at place of death?

Winthrop

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James G. Thomas, M.D.

(Address) 25 Main Winthrop

Date July 3 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop (Cemetery)

DATE OF BURIAL

Feb 7 1924

19 UNDERTAKER

Walter T. White Winthrop

ADDRESS

Official
position

Health Officer

Date of
issue
of permit

2/7 1924

Permit

No. 682

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of various pursuits can be important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Stainer*, (b) *Colon mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary action with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases*, *Pancratic*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Trismus," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence; if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Northbury* No. *11 Perkins* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Thomas M. Walker*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *11 Perkins* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years *2* months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months *2* Days *3* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) *East Providence R. I.*
(State or country)

9 NAME OF FATHER *Fred G.*

10 BIRTHPLACE OF FATHER (City) *Northampton Mass.*
(State or country)

11 MAIDEN NAME OF MOTHER *Katharine Casquil*

12 BIRTHPLACE OF MOTHER (City) *Stockport Conn.*
(State or country)

13 Informant *Fred T. Walker*
(Address) *11 Perkins St.*

14 Filed *Feb 7 1924*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Feb. 2 1924*
(Month) (Day) (Year)

16 HEREBY CERTIFY, That I attended deceased from *Jan. 31*, 19*24*, to *Feb. 2*, 19*24*, that I last saw her alive on *Feb. 1*, 19*24*, and that death occurred, on the date stated above, at *7:15 P. M.*
The CAUSE OF DEATH was as follows:

Bronchopneumonia
(duration) _____ yrs. _____ mos. *2* ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) *Edward J. Franiger*, M. D.

(Address) *7 Grove St*

Date *Feb. 4 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *St. Paul's Cemetery* DATE OF BURIAL *Feb 5 '24*
(Cemetery) *Winthrop* (City or town)

19 UNDERTAKER *John T. Males* ADDRESS *Winthrop*

Official position *Health Officer* Date of issue *2/5/24* Permit No. *683*

N. B.—WRITE PLAINLY, WITH UNFAADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin in "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asplenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 1162
City or Town Boston No. 439 Winthrop Street St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Maria Costa

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 439 Winthrop Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)Length of residence in city or town where death occurred 2 years months days. How long in U. S., if of foreign birth? 2 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antonio Costa6 AGE Years 69 Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) Name of employer

8 BIRTHPLACE (City) Azores, Portugal
(State or country)9 NAME OF FATHER Manuel Fontes10 BIRTHPLACE OF FATHER (City) Azores, Portugal
(State or country)11 MAIDEN NAME OF MOTHER Unknown12 BIRTHPLACE OF MOTHER (City) Azores, Portugal
(State or country)13 Informant Antonio Costa
(Address) 439 Winthrop Street14 Filed Feb 25, 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
1924

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 10 1924
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1924, to Feb. 10, 1924 that I last saw her alive on Feb. 10, 1924 and that death occurred, on the date stated above, at 10 P. m. The CAUSE OF DEATH was as follows:Cerebral Hemorrhage(duration) 5 yrs. mos. ds.CONTRIBUTORY (SECONDARY) myocarditis(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? no Date of Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Maloney, M.D.(Address) 356 North St.Date Feb. 12 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross, Malden
(Cemetery) (City or town)

DATE OF BURIAL

Feb 15th 1924

19 UNDERTAKER

J. J. Maloney 1st BostonOfficial position Health Officer Date of issue of permit 2/12/24 Permit No. 684

WHILE IN PLAIN, WITH ORIGINAL BOOK IN THIS TO A PLAIN. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever*; "Typhoid pneumonia"; "Epidemic cerebrospinal meningitis"; *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Manasimus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Prenatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 36, Sec. 6*.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7*.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wittroth
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Wittroth No. 35 Quincy ave St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie Luthera Cutting
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 98 Main St St., _____ Ward. Amherst Mass
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred X years 2 months X days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5a If married, widowed or divorced
HUSBAND of Stephen M. Cutting
(or) WIFE of _____
6 AGE Years _____ Months X Days 20
If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer _____

8 BIRTHPLACE (City) Pelham
(State or country) Mass

9 NAME OF FATHER John. Ryder
10 BIRTHPLACE OF FATHER (City) Pelham
(State or country) Mass
11 MAIDEN NAME OF MOTHER unable to obtain
12 BIRTHPLACE OF MOTHER (City) " " "
(State or country) " " "

13 Informant R. E. Cutting
(Address) 35 Quincy ave Wittroth

14 Filed Feb. 25, 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 14 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1924, to Feb 14, 1924, that I last saw her alive on Feb - 13, 1924 and that death occurred, on the date stated above, at 5:30A m. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) _____ yrs. _____ mos. 2 ds.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) E. W. Boyers, M. D.
(Address) 20 Columbus Ave
Date Feb - 14 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Wittroth Amherst Mass
(Cemetery) (City or town) DATE OF BURIAL Feb - 16 - 24

19 UNDERTAKER G. R. Bennett ADDRESS Wittroth Mass

Official position Health Officer Date of issue of permit 2/10/24 Permit NO. 685

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary Fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer, (b) Cotton mill; (a) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc., Carcinoma, Sarcoma, etc.* (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *If hooping cough, Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Em-hanation," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State causes for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, septicitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . The permit shall be issued until the same shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required by the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by the violence.—*Gen. Laws, Chap. 58, Sec. 6.*
. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposablely due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. _____
City or Town Winthrop Winthrop Community Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J. Snider
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence No. 16 Woodsworth St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years moos days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5a If married, widowed, or divorced HUSBAND of Mary Snider (or) WIFE of _____
6 AGE Years Months Days If LESS than 1 day..... hrs. or..... mo.
68

If STILLBORN, enter that fact here _____
7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) Name of employer _____

8 BIRTHPLACE (City) Nova Scotia (State or country)
9 NAME OF FATHER Snider
10 BIRTHPLACE OF FATHER (City) Unknown (State or country)
11 MAIDEN NAME OF MOTHER Unknown
12 BIRTHPLACE OF MOTHER (City) Unknown (State or country)

13 Informant John J. Snider
(Address) 1924 Shirley St Winthrop

14 Filed Feb 25 1924
(Month) (Day) (Year) REGISTRAR H. Daniels

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 17 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1924, to Feb. 16, 1924
that I last saw him alive on Feb. 16, 1924
and that death occurred, on the date stated above, at 5:30 a. m.
The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 25 ds.
CONTRIBUTORY Edema of lung
(SECONDARY) (duration) yrs. mos. 3 ds.

17 Where was disease contracted if not at place of death? _____ FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) Edward J. Traugott, M.D.
(Address) 7 Irving St
Date Feb 17 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden DATE OF BURIAL Feb 19 1924
(Cemetery) (City or town)

19 UNDERTAKER William A. Leane ADDRESS 4559 Broadway St East Boston

Official position Health Officer Date of issue of permit 2/17/24 Permit No. 68-6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and a child, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "tumor," for malignant neoplasms); *Menses*; *If dropping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *20 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Colicaps," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Premia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 89, Sec. 6.*
— He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. _____
City or Town Winthrop No. 104 Highland Ave St. Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth B. Adams
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 104 Highland St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 years 8 months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced HUSBAND of _____ (or) WIFE of _____

6 AGE Years 58 Months — Days — If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer _____

8 BIRTHPLACE (City) Scotland
(State or country)

9 NAME OF FATHER David Adams

10 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

11 MAIDEN NAME OF MOTHER Agnes Goodwillie

12 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)

13 Informant David Adams
(Address) 281 East 18th St. Flatburgh, N. Y.

14 Filled Feb 25, 1924
(Month) (Day) (Year)

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 19 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at 12:30 A m. The CAUSE OF DEATH was as follows:
Carcinoma of Breast (Left)
(duration) 1 1/2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? Personal Autopsy
(Signed) Raymond B Parker M. D.
(Address) Winthrop Board of Health
Date Feb 19 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Flatburgh Brooklyn, N. Y. DATE OF BURIAL Unknown
(Cemetery) (City or town)

19 UNDERTAKER CR Ovenson ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. C. Daniels
Official position Health Officer Date of issue of permit 2/19/24 Permit No. 687

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Painter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Winthrop* No. *105 Groves ave* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Charles Edwards Smart*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *105 Groves ave* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *13* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5a If married, widowed or divorced HUSBAND of *Lillian C. Smart* (or) WIFE of _____
6 AGE Years *68* Months *9* Days *1* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Retired Cashier*
(b) Name of employer *Marsons Restaurant*

8 BIRTHPLACE (City) *Cambridge*
(State or country) *Mass*

9 NAME OF FATHER *Don Carlos Smart*

10 BIRTHPLACE OF FATHER (City) *Vassalboro*
(State or country) *me*

11 MAIDEN NAME OF MOTHER *Henrietta Gray*

12 BIRTHPLACE OF MOTHER (City) *Squid Island*
(State or country) *me*

13 Informant *Lillian C Smart (Wife)*
(Address) *105 Groves ave Winthrop*

14 Filed *Feb. 25 1924*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels*
9.8.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Feb* *19* *1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Jan 17*, 19*24*, to *Feb 19*, 19*24*, that I last saw him alive on *Feb 15*, 19*24*, and that death occurred, on the date stated above, at *3 A* m. The CAUSE OF DEATH was as follows:

Chronic Myocarditis
Chronic interstitial Nephritis
(duration) *5* yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? *at home*
Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis? *Personal Observation*
(Signed) *Raymond B Parker*, M. D.
(Address) *Winthrop Mass*
Date *Feb* *20* *1924*.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop Tomb - Winthrop*
(Cemetery) (City or town) DATE OF BURIAL *Feb-21-1924*

19 UNDERTAKER *C. R. Bennett* ADDRESS *Winthrop*

Official position *Health Officer* Date of issue of permit *Feb 21 1924* Permit NO. *588*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *28 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Waltham* No. *48 Plummer ave* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Ethel Janis Lightbown*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *48 Plummer ave* St., _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred _____ years _____ months *9* days. How long in U. S., if of foreign birth? _____ years _____ months _____ days (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days *9* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) *Waltham*
(State or country) *Mass*

9 NAME OF FATHER *Frank Lightbown*

10 BIRTHPLACE OF FATHER (City) *England*
(State or country)

11 MAIDEN NAME OF MOTHER *Gracie E. French*

12 BIRTHPLACE OF MOTHER (City) *England*
(State or country)

13 Informant *F. Lightbown*
(Address) *48 Plummer ave*

14 Filed *Feb. 26 '24*
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Feb 21 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Feb 13*, 1924, to *Feb 21*, 1924, that I last saw her alive on *Feb 21*, 1924, and that death occurred, on the date stated above, at *8.15 a.m.* The CAUSE OF DEATH was as follows: "*Hemorrhage of New Born*"

(duration) _____ yrs. _____ mos. *8* ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? (Signed) *Richard M. Mearns* M. D. (Address) *114 Pleasant St Waltham* Date *Feb 21 1924* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Waltham Waltham* DATE OF BURIAL *2/23/24*
(Cemetery) (City or town)

19 UNDERTAKER *C. R. Penman* ADDRESS *Waltham*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Danville*

Official position *Health Officer* Date of issue of permit *2/23/24* Permit ND. *689*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

108-21-1724

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (d) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Comptental," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certhaccates will be returned for additional information as which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhages, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Wintthrop

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ellen L. Handlin.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

6 Jefferson

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Michael W.

6 AGE

Years
66

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

At Home.

(b) Name of employer

8 BIRTHPLACE (City)

Norchester

(State or country)

Mass.

9 NAME OF
FATHER

Hubert Henley

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Ellen O'Brien

12 BIRTHPLACE OF
MOTHER (City)

England.

(State or country)

13

Informant

Migo L. Handlin

(Address)

6 Jefferson St

14

Filed

Feb. 26, 24

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. L. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb. 22 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Feb. 4, 1924, to Feb. 22, 1924

that I last saw him alive on Feb. 22, 1924

and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH was as follows:

Arterio-sclerosis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

Carcinoma of stomach

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? Date ofWas there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

P. J. Mulvaney, M. D.
356 North St.
Feb. 23 1924.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

St. Johns Norchester.

DATE OF BURIAL

Feb. 25/24

19 UNDERTAKER

John F. O'Maley

ADDRESS

Wintthrop

Official
position

Health Officer

Date of
issue

2/25/24

of permit

Permit
NO.

6910

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metingus*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*, *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meadles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Comental," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, erysipelas, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

Worcester

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Worcester State Mass.

Registered No. _____
(Place of death)

City or Town Worcester No. St. Vincent Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. _____
(Place of residence)

2 FULL NAME

Mary A Power

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town Winthrop No. - Neptune Ave St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

15 DATE OF DEATH Feb 25 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from Sept 1 1923 to Feb 25 1924

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
Apt 50

that I last saw her alive on Feb 25 1924, and that death occurred, on the date stated above, at 9.30 P.m. The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here

Pernicious anemia

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ---
(b) Name of employer

(duration) 1-2 yrs. mos. ds.

8 BIRTHPLACE (city or town) Worcester

CONTRIBUTORY (SECONDARY) --- (duration) yrs. mos. ds.

(State or country)

9 NAME OF FATHER Richard

17 Where was disease contracted if not at place of death? ---

10 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

Did an operation precede death? no Date of _____
Was there an autopsy? no

11 MAIDEN NAME OF MOTHER Bridget Power

What test confirmed diagnosis? Clinical
(Signed) Wm F Lynch, M.D.

12 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

(Address) Worcester
Date Feb 26 1924
(Month) (Day) (Year)

13 Informant Maurice Power
(Address) Worcester

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St Johns Worcester
(Cemetery) (City or town) DATE OF BURIAL Feb 29 1924

14 Filed Mar 4 1924 W. Henry Towne Registrar of city or town where death occurred
Filed Mar 7 1924 Bessie B. Lodge Registrar of city or town where deceased resided

19 UNDERTAKER John J Fay ADDRESS Worcester

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report officially the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); *Cancer* is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *89 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asbestia," "Anemia" (merely symptomatic), "Atrophy," "Colicapes," "Coma," "Convulsions," "Lebilty" ("Congestive"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

(City or town)

1 PLACE OF DEATH

County Essex State Mass.Registered No. _____
(Place of death)City or Town Danvers No. Danvers State Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No. _____
(Place of residence)2 FULL NAME Myrtle J. Williams

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. _____ St. _____
(Usual place of abode)Length of residence in city or town where death occurred 3 years 7 months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) _____

7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
24 3 17

If STILLBORN, enter that fact here _____

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Candy Store

(b) Name of employer _____

9 BIRTHPLACE (city or town) Winthrop
(State or country) Mass.10 NAME OF FATHER Wiggec Wiliams11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Norway12 MAIDEN NAME OF MOTHER Laura Christopherson13 BIRTHPLACE OF MOTHER (city or town) Norway
(State or country)14 Informant Clare E. Lyon
(Address) Hathorne, Mass.15 Filed 3/3/24, 19 _____ A. Preston Chase
Registrar of city or town where death occurred
Filed 3/6/24, 19 _____ Bessie S. Lodge West
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28, 1924 19 _____17 I HEREBY CERTIFY, That I attended deceased from
July 28, 1920, to Feb. 28, 1924,that I last saw her alive on Feb. 28, 1924,and that death occurred, on the date stated above, at 11:45 AM

THE CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Pulmonary Tuberculosis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.18 Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Edgar Maule Blew, M.D.
19 _____ (Address) Hathorne19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop, Winthrop DATE OF BURIAL 3/2/24 19 _____20 UNDERTAKER C.R. Bennison, ADDRESS Winthrop

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Feb. 28 1924

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Collin mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dry laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anoxia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*;

Struck by railway train—accident; *Reverber wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Mass Registered No. _____

City or Town Winthrop No. 239 Pleasant St St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John M. B. Kelly

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No. 239 Pleasant St St. Winthrop Ward Mar
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elyzabeth

6 AGE Years 74 Months _____ Days _____ If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) Name of employer Inspector U.S.

8 BIRTHPLACE (City) Boston (State or country) Mass

9 NAME OF FATHER James

10 BIRTHPLACE OF FATHER (City) Ireland (State or country)

11 MAIDEN NAME OF MOTHER Mary Minton

12 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

13 Informant Elyzabeth Kelly (Address) 239 Pleasant St.

14 Filed Mar 19, 1924 (Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb - 29 - 1924 (Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

acute cardiac failure (momentary)
chronic myocarditis
arterio sclerosis.
collapsed & died suddenly
in his own cellar
natural cause

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? none
(Signed) Wm. F. Nickley M.D.

(Address) 446 Cambridge St.

Medical Examiner for Suffolk
Date Feb 29 - 1924 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Cemetery Boston DATE OF BURIAL Mar 3 / 24
(City or town) (Month) (Day) (Year)

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop

20 Burial permit issued by H. C. Daniels Official position Health Officer 21 Date of issue 3/29/24 Permit No. 691

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....

.....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Feb. 29, 1924

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

No.

310 Shirley

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Louis Albert

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

310 Shirley

St.,

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

12 years

months

days

How long in U. S., if of foreign birth?

40 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Leah

6 AGE

73

Years

Months

Days

If LESS than

1 day.....hrs.

or.....mo.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF
FATHER

Harry Albert

10 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

11 MAIDEN NAME
OF MOTHERLeah
Hinda cannot be12 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

13

Informant
(Address)Leah Albert
310 Shirley Rd.

14

Filed
(Month) (Day) (Year)

3/10/24

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedH.C. Daniels
92

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 5, 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 5, 1924, to March 5, 1924,

that I last saw him alive on March 10, 1924,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:

Angina Pectoris
(known by Exam.)

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed) J. J. Daniels, M.D.

(Address)

356 Cambridge St.

Date

March 6, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woburn
(City or town)

DATE OF BURIAL

Mar. 6th 1924

19 UNDERTAKER

Mameel Stanetsky
(City or town) Boston

ADDRESS

Official
positionDate of
issue
of permit

3/6/24

Permit

No. 692

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *At home*), and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Cerebrum*, *Sarcoma*, etc., of (name or site); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *20 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangren, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefore furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

If in the Army or Navy of the United States, give rank, organization, etc.)

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mary B McCarthy

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.
or.....min.

67

—

—

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

St Louis Missouri

9 NAME OF
FATHER

Daniel McCarthy

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland
County Cork11 MAIDEN NAME
OF MOTHER

Hannah Harrington

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland
Co Cork

13

Informant

(Address)

Mary B McCarthy

91 Lowell Road

14

Filed

Mar. 31 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.H. C. Daniels
4.8.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

5

1924
(Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 5, 1924, to March 5, 1924,
that I last saw him alive on March 1, 1924,

and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

arterio-sclerosis

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

P. Mulvaney

M.D.

(Address)

306 Mount St

Date

March 5 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cathary Boston
(Cemetery) (City or town)

March 8

19 UNDERTAKER

ADDRESS

Wm F Spencer

South Boston

Official
position

Health Officer

Date of
issue
of permit

3/8/24

Permit

No. 693

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatsoever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mexles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mexles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Erbility" ("Congenital," "Scaly," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Wentworth No. Wentworth - CORPUSCULUM St., Harfield Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Abbie Ellen Eaton
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 65 Bellevue Ave St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 9 years X months X days. How long in U. S., if of foreign birth? _____ years _____ months _____ days
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDDED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of Nathan W. Eaton
(or) WIFE of _____

6 AGE Years 55 Months 11 Days 26 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer _____

8 BIRTHPLACE (City) Maynard
(State or country) Mass

9 NAME OF FATHER David Henderson

10 BIRTHPLACE OF FATHER (City) Scituate
(State or country) _____

11 MAIDEN NAME OF MOTHER Julliett Deaborn

12 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass

13 Informant Gladis Eaton
(Address) 65 Bellevue Ave Wentworth

14 Filed 3/1/24
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 3 / 7 / 24
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 3/1, 1924, to 3/7, 1924, that I last saw her alive on 3/7, 1924 and that death occurred, on the date stated above, at 12¹⁵ p.m.
The CAUSE OF DEATH was as follows:
Acute Nephritis

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Cholelithiasis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? yes Date of 3/6/24
Was there an autopsy? no

What test confirmed diagnosis?
(Signed) J. J. Carey, M. D.
(Address) 2501 1/2 Cambridge St
Date 3 / 7 / 24
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Wentworth Wentworth
(Cemetery) (City or town) DATE OF BURIAL Mar 9th 1924

19 UNDERTAKER C. R. Bennett ADDRESS Wentworth

Official position Health Officer Date of issue of permit 3/8/24 Permit ND. 694

INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.
N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic); "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Edema," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, § 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

City or Town

Winthrop

No.

15, Cottage Park Road st., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lydia Hughes Cook

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

15 Cottage Park Road St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

37

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Frank F. Cook.

6 AGE

61

Years

Months

4

Days

22

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home.

(b) Name of employer

8 BIRTHPLACE (City)

North Truro
Mass.

(State or country)

9 NAME OF FATHER

James A. Small.

10 BIRTHPLACE OF FATHER (City)

North Truro
Mass.

(State or country)

11 MAIDEN NAME OF MOTHER

Rebecca G. Hughes.

12 BIRTHPLACE OF MOTHER (City)

North Truro
Mass.

(State or country)

13

Informant

Frank F. Cook.

(Address)

15 Cottage Park Road.

14

Filed

Mar. 19, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
9-21

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 12, 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 13, 1924, to March 12, 1924,

that I last saw him alive on March 11, 1924,

and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

Several (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)

Myocardia
Marasmus

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

Clinical

(Signed)

Owelle E. Johnson, M. D.

(Address)

Winthrop Mass

Date

March 12, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop (Tomb)
(Cemetery) (City or town)

DATE OF BURIAL

March 14, 1924

19 UNDERTAKER

Charles R. Bunnison

ADDRESS

Winthrop

Official position

Health officer

Date of issue

3/14/24

of permit

Permit

No. 695

N. B.—WHITE PRINTED, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem, etc., Carcinoma, Sarcoma, etc., of* (name of organ, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic nodular heart disease; Chronic tricuspidal repairs, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *2d d.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtema," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," etc., "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, his knowledge of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wunthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. _____
City or Town Wunthrop No. 38, Sturgis St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ruth Susan Gardner
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 24 Freeman St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 10 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a If married, widowed or divorced of
HUSBAND of William A. Gardner
(or) WIFE of _____
6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, ___ hrs. or ___ min.
81 - - - -
If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED At home.
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) New Brunswick.
(State or country)

9 NAME OF FATHER Handazyd Peck Edgett
10 BIRTHPLACE OF FATHER (City) Hopewell
(State or country) N. B.
11 MAIDEN NAME OF MOTHER Ruth Gross
12 BIRTHPLACE OF MOTHER (City) Hillsboro
(State or country) N. B.

13 Informant A. C. Gardner.
(Address) 26 Freeman St.

14 Filed Mar 19 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued A. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 14 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1924, to Mar 14, 1924, that I last saw her alive on March 14, 1924, and that death occurred, on the date stated above, at 9:40 P.M.

The CAUSE OF DEATH was as follows:
Chronic myocarditis
Chronic Intestinal Neoplasm
(duration) 3 yrs. + mos. _____ ds.

CONTRIBUTORY _____
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? none.

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Personal Examination
(Signed) R. B. Parker, M. D.
(Address) 148 Wunthrop St Wunthrop.
Date Mar. 15, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett
(Cemetery) (City or town) DATE OF BURIAL Mar 16 1924

19 UNDERTAKER C-R Benson ADDRESS Wunthrop

Official position Health Officer Date of issue of permit 3/15/24 Permit NO. 697

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*; or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonitis*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *2d day*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions such as "Asthma," "Anemia," "Injury," "Debility" ("Congenital," "Collapse," "Coma," "Convulsion," "Heart failure," "Hemorrhage," "Senile," etc.), "Dropsy," "Exhaustion," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate is needed.
- (3) Medical examiners will investigate and certify to all deaths suppressably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemias), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Winthrop* No. *401 Pleasant St* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Walter Benjamin Starkweather*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence No. *401 Pleasant* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *22* years _____ months _____ days _____
How long in U. S., if of foreign birth? years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDDED, OR DIVORCED (write the word) *Married*

5a If married, widowed or divorced HUSBAND of (or) WIFE of *Olivia C Starkweather*

6 AGE Years *65* Months *11* Days *28* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Retiree* (b) Name of employer *Junk Dealer*

8 BIRTHPLACE (City) *Portsmouth* (State or country) *N. H.*

9 NAME OF FATHER *James Starkweather*

10 BIRTHPLACE OF FATHER (City) *Saco Harbor* (State or country) *N. Y. State*

11 MAIDEN NAME OF MOTHER *Abbigail Odione*

12 BIRTHPLACE OF MOTHER (City) *unable to obtain* (State or country) " " "

13 Informant *Olivia C. Starkweather (Wife)* (Address) *401 Pleasant St Winthrop*

14 Filed *Mar 19 1924* (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Danich*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *March 14, 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Mar 12*, 19*24*, to *Apr 14*, 19*24*, that I last saw h*im* alive on *Mar 14*, 19*24*, and that death occurred, on the date stated above, at *1:55 P* m.

The CAUSE OF DEATH was as follows:
Cerebral Thrombosis

(duration) _____ yrs. _____ mos. *2* ds.
CONTRIBUTORY *Endocarditis* (SECONDARY) (duration) *5+* yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? Date of _____
Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) *Richard Bryant*, M. D.
(Address) *114 Pleasant St*
Date *Mar 14 1924* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Forest Hill Cem - Boston* (Cemetery) (City or town) DATE OF BURIAL *Mar 17/24*

19 UNDERTAKER *C R. Bennisson* ADDRESS *Winthrop*

Official position *Health Officer* Date of issue of permit *3/15/24* Permit ND. *696*

INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.
N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealers," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. Contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death). The *aged*: *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Assthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsion, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which will be required by the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiner** 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wendover
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Wendover* No. *Community Hospital* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Jean Marie Prunce*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *#29 Bay View ave* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *0* years *0* months *3* days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
7 *X* *3*

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) *Wendover*
(State or country) *Mass*

9 NAME OF FATHER *George E. Prunce*

10 BIRTHPLACE OF FATHER (City) *Somerville*
(State or country) *Mass*

11 MAIDEN NAME OF MOTHER *Francis Prunce*

12 BIRTHPLACE OF MOTHER (City) *Brookfield*
(State or country) *N.Y.*

13 Informant *Geo. E. Prunce*
(Address) *29 Bay View ave Wendover*

14 Filed *Mar. 19 1924*
(Month) (Day) (Year) REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Mar 15 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Mar 13*, 19*24*, to *Mar 15*, 19*24*, that I last saw hu alive on *March 15*, 19*24*, and that death occurred, on the date stated above, at *8: P* m. The CAUSE OF DEATH was as follows:

*Cerebral Hemorrhage
(Diffuse Lobn.)*

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? *no* Date of _____
Was there an autopsy? *no*
What test confirmed diagnosis? *Personal Observation*
(Signed) *P. B. Parker*, M.D.
(Address) *148 Wendover St Wendover*
Date *Mar 17 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Horack Hill Hosptl*
(Cemetery) (City or town) DATE OF BURIAL *Mar 18 1924*

19 UNDERTAKER *C. R. Benson* ADDRESS *Wendover Mass*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Danile* Official position *Health Officer* Date of issue of permit *3/17/24* Permit No. *698*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

P. B. Parker

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colon mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* or *Al home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Mesles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

PHYSICIANS should state CAUSE OF DEATH EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

WINTHROP.
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. _____
City or Town Boston Winthrop No. 37 Oakland St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bertha M. Russell
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 37 Oakland St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

| PERSONAL AND STATISTICAL PARTICULARS | | | | |
|---|---|---|-------------------|--|
| 3 SEX <u>Female</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> | | |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | | | |
| 6 AGE | Years <u>17</u> | Months <u>5</u> | Days <u>13</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| If STILLBORN, enter that fact here | | | | |
| 7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Scholar</u> (b) Name of employer | | | | |
| 8 BIRTHPLACE (City) (State or country) <u>Winthrop Mass</u> | | | | |
| PARENTS | 9 NAME OF FATHER <u>George H. Russell</u> | | | |
| | 10 BIRTHPLACE OF FATHER (City) (State or country) <u>Boston Mass</u> | | | |
| | 11 MAIDEN NAME OF MOTHER <u>Bertha J. Rowe</u> | | | |
| | 12 BIRTHPLACE OF MOTHER (City) (State or country) <u>Cambridge Mass</u> | | | |

| MEDICAL CERTIFICATE OF DEATH | |
|---|---------------------------------------|
| 15 DATE OF DEATH <u>March 16 1924</u> (Month) (Day) (Year) | |
| 16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above at <u>4:57</u> m. The CAUSE OF DEATH was as follows: <u>Chronic suppurative (after licks with M. Expirium)</u> (duration) <u>2</u> yrs. mos. ds. | |
| CONTRIBUTORY (SECONDARY) (duration) _____ yrs. mos. ds. | |
| 17 Where was disease contracted if not at place of death? FOR WHAT? Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>2 smears from smears</u> (Signed) <u>C. J. White</u> , M.D. (Address) <u>386 Winthrop St</u> Date <u>March 17 1924</u> (Month) (Day) (Year) | |
| 18 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Winthrop Boston</u> (Cemetery) (City or town) | DATE OF BURIAL <u>Mar. 20 1924</u> |
| 19 UNDERTAKER <u>James V. Todd & Son</u> | ADDRESS <u>So. Boston.</u> |

13 Informant G. H. Russell
(Address) 37 Oakland
14 Filed Mar. 31 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or trans't permit was issued H. C. Daniels
Official position Health Officer Date of issue of permit 3/18/24 Permit No. 699

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite result can be ascertained as this cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, meningitis, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original returnment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

1924,

BOSTON

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County **Suffolk**State **Massachusetts**Registered No. **2519**
(Place of death)City or Town **Boston**No. **MASS. GEN. HOSPT.** St. **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME **JOHN W. COLTON**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **38 CROSS** St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**15 DATE OF DEATH **MAR. 19** 1924
(Month) (Day) (Year)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of**ALICE M**16 I HEREBY CERTIFY, That I attended deceased from
MAR. 6 19 **24** to **MAR. 19** 1924that I last saw him alive on **MAR. 19** 19246 AGE Years Months Days If LESS than 1 day, hrs. or min.
75 **1** **23**and that death occurred, on the date stated above, at **9.42A** m.
The CAUSE OF DEATH was as follows:**ARTERIO-SCLEROSIS, GANGRENE LEFT LEG**

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **STATION AGENT**
(b) Name of employerCONTRIBUTORY **TERMINAL PNEUVONIA**
(SECONDARY) (duration) yrs. **3** mos. ds.
(duration) yrs. mos. **3** ds.8 BIRTHPLACE (city or town) **PHILADELPHIA**
(State or country) **PENN.**17 Where was disease contracted if not at place of death?
Did an operation precede death? **YES** Date of **MAR. 13, '24**9 NAME OF FATHER **JOHN COLTON**Was there an autopsy?
What test confirmed diagnosis?
(Signed) **G. A. MAC IVER**, M.D.
(Address)10 BIRTHPLACE OF FATHER (city or town) **MASS.**
(State or country)11 MAIDEN NAME OF MOTHER **JUDITH S. KIMBALL**12 BIRTHPLACE OF MOTHER (city or town) **PORTLAND**
(State or country) **ME.**Date **MAR. 19** 1924
(Month) (Day) (Year)13 Informant **CHARLES COLTON**
(Address) **45 Atlantic St.**18 PLACE OF BURIAL, CREMATION, OR REMOVAL **EVERETT (WOODLAWN)** DATE OF BURIAL **MAR. 21** 1924
(Cemetery) (City or town)14 Filed **MAR. 22** 1924 **E. W. M. Glenen**
Registrar of city or town where death occurred
Filed **Apr 23** 1924
Registrar of city or town where deceased resided19 UNDERTAKER **J. S. WATERMAN & SONS** ADDRESS

carefully supplied. AGE should be stated EXACTLY. FRICTIONS should state CAUSE OF DEATH in plain terms, and so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningea, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Erbility" ("Congestral," "Sonic," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

1924,

BOSTON

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

Registered No. 2525

(Place of death)

County Suffolk

State Massachusetts

Registered No.

(Place of residence)

City or Town Boston

No. LYING-IN HOSPT.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. -----FOULKES

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS.

City or Town WINTHROP No. 29 ATLANTIC ST. --St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

| | | |
|------------|----------------------|--|
| 3 SEX F | 4 COLOR OR RACE W | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S |
|------------|----------------------|--|

15 DATE OF DEATH MAR. 19 1924
(Month) (Day) (Year)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of16 I HEREBY CERTIFY, That I attended deceased from
MAR. 14 19 24 to MAR. 19 1924that I last saw HER alive on MAR. 19 1924and that death occurred, on the date stated above, at 6.45A m.
The CAUSE OF DEATH was as follows:

ACUTE PHARYNGITIS

6 AGE Years Months Days If LESS than
1 day, hrs. of, mio.
5

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

8 BIRTHPLACE (city or town) BOSTON
(State or country)

(duration) yrs. mos. ds.

9 NAME OF
FATHER -----17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? YES

What test confirmed diagnosis?

(Signed) A. THURMAN, M.D.

(Address)

Date MAR. 19 1924
(Month) (Day) (Year)

PARENTS

10 BIRTHPLACE OF
FATHER (city or town) -----
(State or country)11 MAIDEN NAME
OF MOTHER JESSIE FOULKES12 BIRTHPLACE OF
MOTHER (city or town) LIVERPOOL
(State or country) ENGLAND18 PLACE OF BURIAL, CREMATION, OR REMOVAL
EVERETT (GLENWOOD)DATE OF BURIAL
MAR. 20 1924

(Cemetery) (City or town)

13 Informant A. THURMAN
(Address)19 UNDERTAKER
J. F. LINEHAN

ADDRESS

14 Filed MAR. 22, 1924 E. W. M. Glenen
Registrar of city or town where death occurredFiled Apr. 23, 1924
Registrar of city or town where deceased resided

carefully supplied. AGE should be stated EXACTLY. IN SHOWING ANNUAL STATE OCCUPATION OF DECEASED IN PLACES WHERE DEATH OCCURRED IN PLACES OTHER THAN HOME, SEE INSTRUCTIONS ON BACK SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architekt, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mines, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteric* (void use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Ephibly" ("Congestant," "Senile, etc."), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purpura septiformis," "Purpura peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration or as to the manner or cause of the death, which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 59, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

City or Town

Winthrop

No.

208 Cliff Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Stilborn Leates

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

208 Cliff Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

Stillborn

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

Winthrop

Mass

10 NAME OF
FATHER

Frank W. Cates

11 BIRTHPLACE OF
FATHER (City)

Boston

(State or country)

Mass

12 MAIDEN NAME
OF MOTHER

Mary J. McLeach

13 BIRTHPLACE OF
MOTHER (City)

Wentworth

(State or country)

N.H.

14

Informant

(Address)

Mr. Cates father

Winthrop

15

Filed

Mar 31 1923

(Month) (Day) (Year)

Berrie L. Lodge

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 21

(Month)

(Day)

1924

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

, 19

to March 21, 1924

that I last saw him alive on

, 19

and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH was as follows:

Stillborn

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

D. J. Park

, M.D.

(Address)

234 Beach St

Date

March 22, 1924

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

20 UNDERTAKER

A. J. Sanborn

DATE OF BURIAL

Address

Revere

Official
position

Health Officer

Date of
issue

7/22/24

of permit

Permit

No.

700

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Cooding*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesles* (disease causing death), *39 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify** to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians will certify** to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners will investigate and certify** to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-301
 N.B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wenthrop
 (City or town)

1 PLACE OF DEATH *Wenthrop* County *Wenthrop* State *Mass* Registered No. _____
 City or Town *Suffolk* No. *203 Rivi Road* St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Charles. H. Hale* (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. *203 Rivi Road* St., _____ Ward. _____ (If non-resident give city or town and State)
 Length of residence in city or town where death occurred *20* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5a If married, widowed, or divorced HUSBAND of *Alice M. Hale* (or) WIFE of _____

6 AGE Years *71* Months *1* Days *3* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Retired* (b) Name of employer _____

8 BIRTHPLACE (City) *Newburyport* (State or country) *Mass*

9 NAME OF FATHER *Charles Hale*

10 BIRTHPLACE OF FATHER (City) *unable to obtain* (State or country) _____

11 MAIDEN NAME OF MOTHER *May Huse*

12 BIRTHPLACE OF MOTHER (City) *unable to obtain* (State or country) _____

13 Informant *Alice M. Hale (wife)* (Address) *203 Rivi Road Wenthrop*

14 Filed *Mar. 31, 1924* REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *H. C. Danieley*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *March 21, 1924*
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Mar 17*, 19*24*, to *Mar 21*, 19*24*, that I last saw him alive on *Mar 21*, 19*24*, and that death occurred, on the date stated above, at *12:30 P.* m.

The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) *Cerebral Hemorrhage + pneumonia*
Cerebral Hemorrhage + pneumonia left 4p. ago
 (duration) *4+* yrs. mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
 Did an operation precede death? Date of _____
 Was there an autopsy?

What test confirmed diagnosis?
 (Signed) *Richard T. Keefe* M.D.
 (Address) *114 Pleasant St*
 Date *Mar 21, 1924*
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Newton* *Newton* DATE OF BURIAL *Mar 23/24*
 (Cemetery) (City or town)

19 UNDERTAKER *C. R. Beauson* ADDRESS *Wenthrop*

Official position *Health Officer* Date of issue of permit *3/22/24* Permit No. *72*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archdial, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem, etc., Carcinoma, Sarcoma, etc., of.....* (name first); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Goma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Waltham
(City or town)

1 PLACE OF DEATH

County *Suffolk* State *Mass* Registered No. _____
City or Town *Waltham* No. *145 Somerset Ave* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Emma Walden Hubbell
(If in the Army or Navy of the United States, give rank organization, etc.)

(a) Residence. No. *145 Somerset Ave* St. *Waltham* Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred *10* years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5a If married, widowed, or divorced HUSBAND of *Wilson Hubbell* (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
43 *5* *15*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at Home*
(b) Name of employer *Home Wife*

8 BIRTHPLACE (City) *Cleveland* (State or country) *Ohio*

9 NAME OF FATHER *Howard D Cook*

10 BIRTHPLACE OF FATHER (City) *New York City* (State or country) *N.Y.*

11 MAIDEN NAME OF MOTHER *Emily Grove*

12 BIRTHPLACE OF MOTHER (City) *Coopers town* (State or country) *N.Y.*

13 Informant *Hubbard Wilson Hubbell* (Address) *145 Somerset Ave Waltham*

14 Filed *Mar 31, 1924* REGISTRAR

20 Burial permit issued by *H. C. Daniels*

Official position *Health Officer*

21 Date of issue *3/24/24*

Permit No. *702*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Mar 21 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

asphyxiation by illuminating gas
Suicidal

Found dead in her own kitchen

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? *as above*
(Signed) *Wm. F. Siedley* M.D.

(Address) *466 Cornhill*

Medical Examiner for *Suffolk*

Date *Mar 21 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL *Waltham* *Waltham* DATE OF BURIAL *Mar 24/24*
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER *C R Bennett* ADDRESS *Waltham*

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis (Sudden death)."

DESCRIPTION (for unknown person)

.....
.....
.....
.....
.....
.....
.....
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Misses M. Hubbard
Mar. 21, 1924

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Winthrop* No. *74 Atlantic* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *John A. Pratt*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *74 Atlantic* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *10* years _____ months _____ days _____ How long in U. S., if of foreign birth? _____ years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed or divorced HUSBAND of _____ (or) WIFE of _____

6 AGE Years *20* Months *11* Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *New Eng. Tel + Tel. Co.*
(b) Name of employer

8 BIRTHPLACE (City) *Boston Mass*
(State or country)

9 NAME OF FATHER *Hallace A Pratt*

10 BIRTHPLACE OF FATHER (City) *Chelsea Mass*
(State or country)

11 MAIDEN NAME OF MOTHER *Catherine H Keleher*

12 BIRTHPLACE OF MOTHER (City) *Boston Mass*
(State or country)

13 Informant *Hallace A Pratt*
(Address) *74 Atlantic St Winthrop*

14 Filed *Mar. 31, 1924*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *March 22, 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *March 19, 1924* to *March 22, 1924*
that I last saw him alive on *March 22, 1924*
and that death occurred, on the date stated above, at *5:30 P. m.*
The CAUSE OF DEATH was as follows:

Lobar pneumonia.

(duration) _____ yrs. _____ mos. *4* ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Edmund J. Moran*, M. D.

(Address) *664 Bennington St. Boston*

Date *March 24, 1924* (Month) (Day) (Year) *Mass.*

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop Cemetery*
(Cemetery) (City or town) DATE OF BURIAL *March 24/24*

19 UNDERTAKER *Joseph D Keely* ADDRESS *Charlestown*

Official position *Health Officer* Date of issue of permit *3/26/24* Permit NO. *723*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia, unqualified, is indefinite"); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winsted
(City or town)

1 PLACE OF DEATH

County *Suffolk*State *Mass*

Registered No.

City or Town *Winsted*No. *294**Revere St*

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Stephen Grundy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *294 Revere St*

St.

Ward *Winsted Mass*

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *25* years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Married*

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Louise M. Grundy*

6 AGE

Years

Months

Days

If LESS than

*64**6**15*1 day,..... hrs.
or..... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Mason*

(b) Name of employer

Self

8 BIRTHPLACE (City)

(State or country)

*Ireland*9 NAME OF
FATHER*Richard Grundy*10 BIRTHPLACE OF
FATHER (City)

(State or country)

*Ireland*11 MAIDEN NAME
OF MOTHER*unable to obtain*12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

*Wife (Louise M. Grundy)
294 Revere St Winsted*

14

Filed

Mar 31 1924 Bessie L. Lodge

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

*March**27**1924*

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

*Sept 24**1923**to Mar 27**1924*that I last saw him alive on *March 26*, 1924,and that death occurred, on the date stated above, at *4 A.* m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage(duration) yrs. mos. *3* ds.CONTRIBUTORY
(SECONDARY)*Arthur Selwin*(duration) *2* yrs. mos. ds.17 Where was disease contracted
if not at place of death?*at home*Did an operation precede death? *no* Date of *✓*Was there an autopsy? *no*

What test confirmed diagnosis?

Personal Observation

(Signed)

Raymond B. Parker, M.D.

(Address)

Winsted Mass

Date

*March 25**1924*

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winsted
(Cemetery)*Winsted*
(City or town)

DATE OF BURIAL

Mar 29/24

19 UNDERTAKER

C. R. Benson

ADDRESS

*Winsted*20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued*H. C. Daniel*
421

Official Health Officer

Date of
issue
of permit*3.29/24*

Permit

No. *705*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1920. 27. 1924
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Fanner or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Fanner (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death. Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained relative to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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 intoxication related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Winthrop
Suffolk

State Massachusetts

Registered No.

City or Town

Boston

No.

Winthrop Community Hosp

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Still Born (male) Splan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

89 Somerset Ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

single

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop

(State or country)

mass

9 NAME OF
FATHER

Frank R Splan

10 BIRTHPLACE OF
FATHER (City)

Providence

(State or country)

Rhod. Island

11 MAIDEN NAME
OF MOTHER

Mabel M Good

12 BIRTHPLACE OF
MOTHER (City)

Randolph

(State or country)

mass

13

Informant

Frank R Splan

(Address)

89 Somerset Ave, Winthrop

14

Filed

Mar. 31, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Daniels

4/12

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

MAR 27, 1924

(Month)

27, 1924

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July

1923, to

MAR 27, 1924

that I last saw him

alive on

19

and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:

Stillborn.
Premature 8 months.
Had been dead previous to
MAR 27, 1924. (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

If Under One Year. Was Baby Breast Fed

What test confirmed diagnosis?

(Signed)

Dr. Dickinson M. D.

(Address)

Countryside, Mass

Date

MAR 27, 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Michael's Boston

(Cemetery)

(City or town)

DATE OF BURIAL

MAR 29/24

19 UNDERTAKER

Frederick H. Jahn

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue

3/28/24

of permit

Permit
NO.

704

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Hiccough," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), the thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

1924,

BOSTON

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

Registered No. 2769
(Place of death)County Suffolk State Massachusetts Registered No. _____
(Place of residence)
City or Town Boston No. MASS. GENL. HOSPT. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME LENA I. PIERCE

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, State MASS. City or Town WINTHROP No. 17 CIRCUIT ROAD St. _____
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MAR.15 DATE OF DEATH MAR. 28 1924
(Month) (Day) (Year)5a If married, widowed, or divorced
HUSBAND of DORAS M.
(or) WIFE of16 I HEREBY CERTIFY, That I attended deceased from
MAR. 25, 1924 to MAR. 28, 1924,
that I last saw h. ER live on MAR. 28, 1924.6 AGE Years Months Days If LESS than 1 day, hrs. or min.
55 7 15and that death occurred, on the date stated above, at 1.26 A.M.

The CAUSE OF DEATH was as follows:

LOBAR PNEUMONIA

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) Name of employer(duration) yrs. mos. ds. 10 ds.8 BIRTHPLACE (city or town) ASHFIELD
(State or country) Mass

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9 NAME OF FATHER JAMES A. WILDE

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

10 BIRTHPLACE OF FATHER (city or town) ASHFIELD
(State or country) Mass

Was there an autopsy? _____

11 MAIDEN NAME OF MOTHER SOPHIA

What test confirmed diagnosis? _____

(Signed) C. E. WELLS, M.D.12 BIRTHPLACE OF MOTHER (city or town) ASHFIELD
(State or country) Mass.(Address) _____
Date MAR. 28 1924
(Month) (Day) (Year)13 Informant HUSBAND
(Address) _____18 PLACE OF BURIAL, CREMATION, OR REMOVAL WINTHROP (WINTHROP CEM) DATE OF BURIAL MAR. 30 1924
(Cemetery) (City or town)14 Filed MAR. 31, 1924 E. W. M. GLENN
Registrar of city or town where death occurred
Filed Apr 22, 1924 _____
Registrar of city or town where deceased resided19 UNDERTAKER C. R. BENNISON ADDRESS WINTHROP

carefully supplied. AGE should be stated EXACTLY. FINGERPRINTS should state OCCASION of PRINT in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic services for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Plepidimo cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonæum*, etc.; *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symtomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebilty" ("Consenial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____
City or Town Boston - Winthrop, 51 Sargent Street St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jennie Rose.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 51 Sargent Street Ward. _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single.

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
62 9 12

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) Name of employer _____

8 BIRTHPLACE (City) Lyndeboro N.H.
(State or country)9 NAME OF FATHER George Rose.10 BIRTHPLACE OF FATHER (City) Lyndeboro N.H.
(State or country)11 MAIDEN NAME OF MOTHER Hattie M. Goldthwait12 BIRTHPLACE OF MOTHER (City) unknown
(State or country)13 Informant L.R. Leach
(Address) 51 Sargent St.14 Filed Apr. 5 1924 Bessie L. Lodge
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H.C. Daniels15 DATE OF DEATH Mar 30 1924
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from July 27, 1924, to March 30, 1924, that I last saw her alive on March 27, 1924, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH was as follows:

Carcinoma Uteri(duration) 3 yrs. _____ mos. _____ ds.CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____Was there an autopsy? no If Under One Year, Was Baby Breast Fed _____What test confirmed diagnosis? Clinical
(Signed) Orville E. Johnson, M. D.(Address) 123 Winthrop St
Date March 31 1924 Winthrop
(Month) (Day) (Year)18 PLACE OF BURIAL, CREMATION OR REMOVAL So. Lyndeboro N.H. DATE OF BURIAL April - 2
(Cemetery) (City or town)19 UNDERTAKER J. Waterman ADDRESS BostonOfficial position Health Officer Date of issue of permit 3/31/24 Permit NO. 706

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10 March 30, 1924

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic services for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, gallblitis, childbirth, convulsions, hemorrhage, gangrene, catarrhis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. _____
City or Town Winthrop No. 27 Bellevue Ave. St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Patricia Post
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 27 Bellevue Ave St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 1 years 10 months 28 days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

15 DATE OF DEATH Apr. 1 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

16 I HEREBY CERTIFY, That I attended deceased from Mar 29, 1924, to April 1, 1924 that I last saw her alive on April, 1924 and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
1 10 28

Acidosis

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. 3 ds.

8 BIRTHPLACE (City) Boston (State or country) Mass.

17 Where was disease contracted if not at place of death? Home

9 NAME OF FATHER Charles F. Post

Did an operation precede death? No Date of _____

10 BIRTHPLACE OF FATHER (City) Pittsburg (State or country) Penn.

Was there an autopsy? No

11 MAIDEN NAME OF MOTHER Isabel Baker

What test confirmed diagnosis? None
(Signed) Edward J. Grainger, M.D.

12 BIRTHPLACE OF MOTHER (City) Houershead (State or country) Penn.

(Address) 7 S. Union St.
Date Apr. 2, 1924.
(Month) (Day) (Year)

13 Informant Charles F. Post (Address) 27 Bellevue Ave.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Winthrop DATE OF BURIAL April 3, 1924
(Cemetery) (City or town)

14 Filed April 17 1924 (Month) (Day) (Year) REGISTRAR

19 UNDERTAKER Charles P. Benison ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. C. Daniels

Official position Health Officer Date of issue of permit 4/3/24 Permit No. 707

PHYSICIANS should state CAUSE OF DEATH exactly. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer"; "Foreman"; "Messenger"; "Dentist," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"; *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Trama," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

PHYSICIANS should state CAUSE OF DEATH exactly. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winstock
(City or town)

1 PLACE OF DEATH

County

Suffolk
Winstock

State

Mass

Registered No.

City or Town

No.

218 Court Rd
(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2 FULL NAME

Elsie Corinus Olsen

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

218 Court Rd

St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

16 years

X months

X days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Single

15 DATE OF DEATH

April
(Month)

2
(Day)

1924
(Year)

16 I HEREBY CERTIFY, That I attended deceased from

many years, to 19

that I last saw her alive on April 12, 1924

and that death occurred, on the date stated above, at 4:10 A.M.

The CAUSE OF DEATH was as follows:

myasthenia gravis

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

27

X

5

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Dept. of Social

(b) Name of employer

Home work

(duration) 6 yrs. + mos. ds.

8 BIRTHPLACE (City)

Winstock

(State or country)

Hull Mass

9 NAME OF FATHER

Hans, Edward Olsen

10 BIRTHPLACE OF FATHER (City)

Sweden

(State or country)

11 MAIDEN NAME OF MOTHER

Nelle Elizabeth Nelson

12 BIRTHPLACE OF MOTHER (City)

Boston Mass

(State or country)

CONTRIBUTORY (SECONDARY)

17 Where was disease contracted if not at place of death?

yes

Did an operation precede death?

no

Was there an autopsy?

no

What test confirmed diagnosis?

none

(Signed)

Harry E. Colburn, M.D.

(Address)

103 Mt Vernon St

Date

April
(Month)

22
(Day)

1924
(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winstock
(Cemetery)

DATE OF BURIAL

4/4/1924
(City or town)

19 UNDERTAKER

C. R. Demerri

ADDRESS

Winstock

13 Informant

Hans E. Olsen

(Address)

30 Greendale St Quincy Mass

14 Filed

April 17 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

H. C. Daniels

Official position

Health Officer

Date of issue

4/3/24

Permit No.

709

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Leconicative engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housemaid, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc.*, *Carcinoma, Sarcoma, etc.*, etc. (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *30 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . The shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

R-301 should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Wentworth No. 150 Hermon St St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Ayers (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 150 Hermon St St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 13 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5a If married, widowed or divorced HUSBAND of (or) WIFE of Estelle Ayers
6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
Do

15 DATE OF DEATH April 2, 1924
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1924, to April 2, 1924 that I last saw him alive on March 31, 1924 and that death occurred, on the date stated above, at 10.30 P.M.
The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here _____

Chronic myocarditis
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Arterio-sclerosis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retail Merchant
(b) Name of employer Market Man
8 BIRTHPLACE (City) Manchester
(State or country) Mass

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) C. F. Mahoney M. D.
(Address) 396 Wentworth St
Date April 3, 1924
(Month) (Day) (Year)

PARENTS
9 NAME OF FATHER Samuel Ayers
10 BIRTHPLACE OF FATHER (City) Manchester
(State or country) Mass
11 MAIDEN NAME OF MOTHER Eliza Allen
12 BIRTHPLACE OF MOTHER (City) Manchester
(State or country) Mass

13 Informant Mrs Estelle Ayers
(Address) 150 Hermon St Wentworth

18 PLACE OF BURIAL, CREMATION OR REMOVAL Manchester
(Cemetery) (City or town) DATE OF BURIAL April 9, 1924

14 Filed Apr 14, 1924
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER E. R. Benson ADDRESS Wentworth

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued K. C. Danile

Official position Walter G. ... Date of issue of permit 4/3 '24 Permit NO. 708

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer" "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs). For persons who have no occupation whatever, write None.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diptheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labor pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningis, peritonitis, etc.; Cervicoma, Struma, etc., (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Malaria; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Malaria (disease causing death), 29 ds; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Winthrop No. 96, Main St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Herbert Roy Sipp (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 96 Main St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5a If married, widowed or divorced HUSBAND of Claire Margaret Sipp
6 AGE Years 49 Months 6 Days 6 If LESS than 1 day, _____ hrs. or _____ min.

15 DATE OF DEATH 4 / 3 / 24
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1924, to April 9, 1924, that I last saw h is alive on April 9, 1924, and that death occurred, on the date stated above, at 5:10 P m.
The CAUSE OF DEATH was as follows:
Arterio Sclerosis

If STILLBORN, enter that fact here _____
7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Lumber salesman
(b) Name of employer B & T Lumber Co
8 BIRTHPLACE (City) Athenia
(State or country) New Jersey

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTOR Interstitial Nephritis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

PARENTS
9 NAME OF FATHER John Sipp
10 BIRTHPLACE OF FATHER (City) Athenia
(State or country) New Jersey
11 MAIDEN NAME OF MOTHER Josephine Campbell
12 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? _____
(Signed) James Appelly M. D.
(Address) 250 Pleasant St
Date 4 / 4 / 24
(Month) (Day) (Year)

13 Informant Claire Margaret Sipp
(Address) 96 Main Street

18 PLACE OF BURIAL, CREMATION OR REMOVAL Ridgelaun } Bellevue
(Cemetery) (City or town) N. J.
DATE OF BURIAL 4/7/24

14 Filed Apr 12, 1924
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER Charles P. Berrison Winthrop
Address Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

Official position Health Officer Date of issue of permit 4-5-24 Permit NO. 710

WANT TO BE CAREFUL. PHYSICIANS should state CAUSE OF DEATH EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. Never return more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic services for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Tewksbury
(City or town)

1 PLACE OF DEATH

County Middlesex State Massachusetts Registered No. 124
(Place of death)
City or Town Tewksbury No. State Infirmmary St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Young

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, State Winthrop City or Town No. St. No.
(Usual place of abode)

Length of residence in city or town where death occurred 1 years 5 months -- days. How long in U. S., if of foreign birth? 63 years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

15 DATE OF DEATH April 3, 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of Not learned
(or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from
November 3, 1922, to April 3, 1924

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
69 -- 28

that I last saw him alive on April 3, 1924
and that death occurred, on the date stated above, at 11:30a.m.
The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here

Arteriosclerosis

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) Name of employer

chronic
(duration) yrs. mos. ds.

8 BIRTHPLACE (city or town) Not learned
(State or country) Nova Scotia

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

9 NAME OF FATHER James W. Young

17 Where was disease contracted if not at place of death?

10 BIRTHPLACE OF FATHER (city or town) Ludenberg
(State or country) Nova Scotia

Did an operation precede death? NO Date of

11 MAIDEN NAME OF MOTHER Christina Ross

Was there an autopsy? NO
What test confirmed diagnosis? Examinations

12 BIRTHPLACE OF MOTHER (city or town) Not learned
(State or country) Scotland

(Signed) Charles L. Trickey, M.D.
(Address) State Infirmmary, Tewksbury
Date April 4, 1924 Mass.
(Month) (Day) (Year)

13 Informant Hospital records
(Address) State Infirmmary, Tewksbury

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Wyoming, Melrose
(Cemetery) (City or town) DATE OF BURIAL Apr. 7 1924

14 Filed May 15, 1924 Registrar of city or town where death occurred
Filed May 15, 1924 Registrar of city or town where deceased resided

19 UNDERTAKER Frank E. Brown ADDRESS E. Boston

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lung*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*, *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions such as "Ashtemia," "Anemia" (merely symptomatous), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 84, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 84, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. **1162**
City or Town **Boston** No. **122 Main Street** St., **St.** Ward **St.**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **William M. Donovan**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **122 Main Street** St., **Ward.**

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred **10** years months days. How long in U. S., if of foreign birth? **50** years months days

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|---------------------------------|--|------|---|
| 3 SEX Male | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed | | |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Baldwin | | | | |
| 6 AGE About 50 years | Years | Months | Days | If LESS than 1 day,.....hrs. ofmin. |
| If STILLBORN, enter that fact here | | | | |

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Salesman**
(b) Name of employer

8 BIRTHPLACE (City) **East Boston,**
(State or country) **Mass.**

9 NAME OF FATHER **Timothy Donovan**

10 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)

11 MAIDEN NAME OF MOTHER **Annie O'Donnell**

12 BIRTHPLACE OF MOTHER (City) **Ireland Scotland**
(State or country)

13 Informant **Tomothy Donovan**
(Address) **122 Main Street**

14 Filed **Apr 12, 1924**
(Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued **A. C. Daniels**

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **April 9, 1924**
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **Monday, April 9, 1924** to **April 9, 1924** that I last saw him alive on **April 8, 1924** and that death occurred, on the date stated above, at **4:45 A. M.** The CAUSE OF DEATH was as follows:

Chronic parenchymatous nephritis
(duration) yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY) (duration) yrs..... mos..... ds.

17 Where was disease contracted if not at place of death? **FOR WHAT?**

Did an operation precede death? **no** Date of

Was there an autopsy? **no**

What test confirmed diagnosis?
(Signed) **C. J. ...**, M.D.
(Address) **356 ...**
Date **April 10, 1924**
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **Holy Cross, Malden**
(Cemetery) (City or town)

DATE OF BURIAL **4/11/24.**

19 UNDERTAKER **Nicholas ...** ADDRESS **254 Main Street Winthrop**

Official position **Health Officer** Date of issue of permit **4/11/24** No. **711**

should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archdeacon, Locomotive engineer, Circulating, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired) 6 yrs.* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningis, peritonaeum, etc., Garryoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis* etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestive," "Semi-coma," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate, required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town) _____
 County Suffolk State Mass. Registered No. _____
 City or Town Winthrop No. 11 Moore St. St. 3 Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Edwin Ryms
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 11 Moore St St. _____ Ward. Winthrop Mass
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 years 6 months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
 4 COLOR OR RACE White
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of Ellie Omada Ryms

6 AGE Years Months Days If LESS than
84 1 2 1 day, _____ hrs.
 or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED Retired
 (a) Trade, profession, or particular kind of work
 (b) Name of employer _____

8 BIRTHPLACE (City) Exeter N.H.
 (State or country)

9 NAME OF FATHER Christopher Ryms

10 BIRTHPLACE OF FATHER (City) Not Known
 (State or country)

11 MAIDEN NAME OF MOTHER Lois Bean

12 BIRTHPLACE OF MOTHER (City) Not Known
 (State or country)

13 Informant William Leonard Ryms
 (Address) 11 Moore St Winthrop

14 Filed 5 6 24
 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transport permit was issued H. C. Daniels
g. x.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Apr. 13 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1924, to Apr. 13, 1924
 that I last saw him alive on Apr. 11, 1924,
 and that death occurred, on the date stated above, at _____ m.
 The CAUSE OF DEATH was as follows:

arterio-sclerosis

(duration) _____ yrs. 2 mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Edward J. Franzen, M.D.

(Address) 78 North St

Date Apr. 14 1924
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Cambridge Cambridge
 (Cemetery) (City or town) DATE OF BURIAL Apr 15 1924

19 UNDERTAKER Walter T. White ADDRESS Winthrop

Official position Health Officer Date of issue of permit 4/15/24 Permit No. 712

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Portman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonemum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *92 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomal), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass Registered No. _____
 City or Town Waltham No. 11 St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Beatrice May Haywood
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 11 Belmont St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 31 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a If married, widowed or divorced
 HUSBAND of Alfred J. Haywood
 (or) WIFE of _____

6 AGE Years 43 Months 10 Days _____
 If LESS than 1 day, _____ hrs. or _____ min.

15 DATE OF DEATH April 15 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 10, 1924 to April 15, 1924
 that I last saw her alive on April 15, 1924
 and that death occurred, on the date stated above, at 8:15 a. m.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at Home
 (b) Name of employer _____

The CAUSE OF DEATH was as follows:
acute articular rheumatism
 (duration) _____ yrs. _____ mos. 5 ds.

8 BIRTHPLACE (City) Boston
 (State or country) England

CONTRIBUTORY acute myocarditis
 (SECONDARY) (duration) _____ yrs. _____ mos. 3 ds.

9 NAME OF FATHER Saml S. Key

17 Where was disease contracted if not at place of death? ✓

10 BIRTHPLACE OF FATHER (City) _____
 (State or country) England

Did an operation precede death? No Date of _____
 Was there an autopsy? No

11 MAIDEN NAME OF MOTHER Mrs. Popewell

What test confirmed diagnosis? Clinical
 (Signed) George Dickinson, M. D.
 (Address) South of Mass

12 BIRTHPLACE OF MOTHER (City) _____
 (State or country) England

Date April 15 1924
 (Month) (Day) (Year)

13 Informant Theresa Key
 (Address) 46 Collage Park Rd

18 PLACE OF BURIAL, CREMATION OR REMOVAL Waltham
 (Cemetery) _____ (City or town) _____
 DATE OF BURIAL Apr. 17 1924

14 Filed 5 6 24
 (Month) (Day) (Year)

19 UNDERTAKER _____
 ADDRESS _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
H. C. Daniels
S. S.

Official position Health Officer Date of issue of permit 4/17/24 Permit NO. 713

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculous of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of "....." (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatoid), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by the violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. _____ (City or town)
City or Town Wentworth No. 387 Shirley St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James L. Mooney
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 387 Shirley St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Julia J.

6 AGE Years 56 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED Electrician
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER James Mooney

10 BIRTHPLACE OF FATHER (City) Maine
(State or country)

11 MAIDEN NAME OF MOTHER Catherine King

12 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

13 Informant L. Mooney
(Address) 54 Buchanan St.

14 Filed 5 6 24
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

A. C. Daniels
4.18.24

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 16 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 10, 1924, to April 16, 1924, that I last saw him alive on April 15, 1924, and that death occurred, on the date stated above, at 3:30 a.m.
The CAUSE OF DEATH was as follows:

myocarditis
(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY acute indigestion
(SECONDARY) (duration) _____ yrs. _____ mos. 4 ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Edward J. Frainger, M. D.

(Address) 7. Pruden St.

Date April 16 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Wentworth
(Cemetery) _____ (City or town) Wentworth

DATE OF BURIAL 4/18/24

19 UNDERTAKER John F. O'Malley
ADDRESS Wentworth

Official position Health Officer Date of issue of permit 4/17/24 Permit NO. 714

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dozier," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelible); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough*, *Chronic tubular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric disease causing death*, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemias" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Ceratae will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
 County Suffolk State MASSACHUSETTS. Registered No. _____
 Township _____ or Village _____
 City Winthrop No. Station Hospital, Fort Banks, Mass. St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick F. Wynn
 (a) Residence. No. 10 Bartlett St., Haverhill, Mass. Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Aug. 29, 1887.

7 AGE Years Months Days If LESS than 1 day, --- hrs. or --- min.
37 6 3

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Army

(c) Name of employer _____

9 BIRTHPLACE (city or town) Lawrence
 (State or country) Mass.

10 NAME OF FATHER John Wynn

11 BIRTHPLACE OF FATHER (city or town) Lawrence
 (State or country) Mass.

12 MAIDEN NAME OF MOTHER Julia O'Toole

13 BIRTHPLACE OF MOTHER (city or town) Clinton
 (State or country) Mass.

14 Informant John H. Wynn
 (Address) 16 Russell St., Cambridge, Mass.

15 Filed March 16, 1924 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, 1924

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1924, to April 22, 1924,

that I last saw him alive on April 22, 1924,
 and that death occurred, on the date stated above, at 3:00 A. M.

The CAUSE OF DEATH* was as follows:

Central embolism produced by mech. & alcohol Poisoning

(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (SECONDARY)

18 Where was disease contracted (duration) _____ yrs. _____ mos. _____ ds.
 if not at place of death? Fort Banks, Mass.

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? Not completed
 (Signed) Arthur M. Moore, M. D.

4/22/1924 (Address) Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Interment Cemetery - Lawrence April 21, 1924

20 UNDERTAKER ADDRESS
C. R. Benjamin Winthrop
Health Officer 4/23/24 719

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of _____ (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, suicidal, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH *Suffolk* County _____ State MASSACHUSETTS. Registered No. _____
 Township _____ or Village _____ or
 City Winthrop No. Station Hospital Fort Banks Mass. Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry O. Dion
 (a) Residence. No. R # 38 Naumkeag St. Salisbury Mass.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 31 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) March 28-1902

7 AGE Years 22 Months 0 Days 26 If LESS than 1 day, --- hrs. or --- min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Soldier, U. S. Army
 (b) General nature of industry, business, or establishment in which employed (or employer) Medical Department
 (c) Name of employer _____

9 BIRTHPLACE (city or town) Salisbury (State or country) Mass.

10 NAME OF FATHER Alfred Dion

11 BIRTHPLACE OF FATHER (city or town) St. Mary (State or country) Quebec, Canada.

12 MAIDEN NAME OF MOTHER Harila Roy

13 BIRTHPLACE OF MOTHER (city or town) St. Mary (State or country) Quebec, Canada

14 Informant Alfred J. Dion (Address) R # 38 Naumkeag St., Salisbury Mass.

15 Filed 5/6/24, 19 _____ REGISTRAR
 11-3184 H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1924
 17 I HEREBY CERTIFY, That I attended deceased from March 24, 1924, to April 23, 1924, that I last saw him alive on April 23, 1924, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:
Brain tumor (probably glioma)

(duration) continuous yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? continuous

Did an operation precede death? no Date of _____

Was there an autopsy? yes

What test confirmed diagnosis? Pathological examination under way

(Signed) Arthur Greenleaf Mayne, M. D.
 4/23 1924 (Address) Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Removal to Salem Mass DATE OF BURIAL April 26, 1924

20 UNDERTAKER C. R. Benson ADDRESS Winthrop
Health Officer 4/25/24 716

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma*; *Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk State Mass Registered No. _____ (City or town)
County _____
City or Town Wiltrop No. 144 Pleasant St St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Shannon (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 44 Pleasant St St., 1 Ward. (If non-resident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 20 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of William Henry Shannon

6 AGE Years _____ Months 4 Days 20 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ritual Housewife
(b) Name of employer _____

8 BIRTHPLACE (City) London
(State or country) England

9 NAME OF FATHER William Watts

10 BIRTHPLACE OF FATHER (City) Wales
(State or country) _____

11 MAIDEN NAME OF MOTHER Sarah Mackey

12 BIRTHPLACE OF MOTHER (City) Wales
(State or country) _____

13 Informant Maughly Mrs Mary E Roberts
(Address) 44 Pleasant St, Wiltrop

14 Filed Apr. 28 24 Bessie S. Lodge REGISTRAR
(Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 7 24 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Apr 15, 1924, to April 24, 1924, that I last saw her alive on April 23, 1924, and that death occurred, on the date stated above, at 107 m. The CAUSE OF DEATH was as follows:

Arterio-sclerosis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY _____ (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) C. J. Maloney, M. O.(Address) 356 Wiltrop StDate April 26 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Wiltrop
Deer Grove Cem (City or town) DATE OF BURIAL Apr 27 24
(Cemetery)

19 UNDERTAKER Walter T. White ADDRESS Wiltrop

Official position Health Officer Date of issue of permit April 27, 1924 Permit NO. 718

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Coal miner, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion" ("Heart failure," "Hemorrhage," "Tanicton," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

1 PLACE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSCounty Suffolk

STANDARD CERTIFICATE OF DEATH

Township _____

State of Massachusetts

or

Village _____

or

City Winthrop(No. U. S. Army Hospital, Fort Banks St.; Ward _____)

Registered No. _____

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]2 FULL NAME Helen Littlefield

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)
SingleFemaleWhite

16 DATE OF DEATH

April 26, 1924
(Month) (Day) (Year)

6 DATE OF BIRTH

April 26, 1924
(Month) (Day) (Year)

7 AGE

If LESS than
1 day, --- hrs.
--- yrs. --- mos. 14 ds. or --- mn. ?

17 I HEREBY CERTIFY, That I attended deceased from

April 12, 1924, to April 26, 1924,that I last saw her alive on April 26, 1924,and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Inanition

8 OCCUPATION

(a) Trade, profession, or
particular kind of work none(b) General nature of industry,
business, or establishment in
which employed (or employer) none9 BIRTHPLACE
(State or country)Massachusetts

PARENTS

10 NAME OF
FATHERAlton H. Littlefield11 BIRTHPLACE
OF FATHER
(State or country)Massachusetts12 MAIDEN NAME
OF MOTHERMay Bronson13 BIRTHPLACE
OF MOTHER
(State or country)Massachusetts

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alton H. Littlefield(Address) Camp Devens, Mass.

15

Filed 5/6/24, 191_____

REGISTRAR

Contributory
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Ray W. Layton, M. D.Apr. 26, 1924 (Address) Winthrop, Mass.* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OR RECENT RESIDENTS)At place
of death _____ yrs. _____ mos. 14 ds. In the
State _____ yrs. _____ mos. 14 ds.Where was disease contracted,
if not at place of death? sameFormer or
usual residence none

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Loant Stone, Newrich Apr. 28, 1924

20 UNDERTAKER

ADDRESS

C. R. Bennis on Winthrop

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *at home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthonia," "Anæmia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Waltham* No. *176 Woodside ave* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Albert - E. Ayer*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *176 Woodside ave* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *14* years *X* months *X* days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDDED, OR DIVORCED (write the word) *married*

15 DATE OF DEATH *Apr 27* *Apr* *1924*
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of (or) WIFE of *Mary - A. Ayer*

16 I HEREBY CERTIFY, That I attended deceased from *March 3*, 19 *24*, to *March 27*, 19 *24*, that I last saw h *im* alive on *March 27*, 19 *24*, and that death occurred, on the date stated above, at *12:10 A.M.* The CAUSE OF DEATH was as follows:
Pulmonary Oedema

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
67 *10* *6*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *retired Mechanical Engineer - Self* (b) Name of employer

CONTRIBUTORY (SECONDARY) *Cholera* (duration) _____ yrs. _____ mos. _____ ds

8 BIRTHPLACE (City) *Peabody* (State or country) *Mass*

17 Where was disease contracted if not at place of death?

9 NAME OF FATHER *John Ayer*

Did an operation precede death? *No* Date of _____

10 BIRTHPLACE OF FATHER (City) *Peabody* (State or country) *Mass*

Was there an autopsy? *No*

11 MAIDEN NAME OF MOTHER *Mrs. Cogswell*

What test confirmed diagnosis? (Signed) *Tacey A. Trahan*, M. D.

12 BIRTHPLACE OF MOTHER (City) *New Britain* (State or country)

(Address) *218 Main* Date *2 April* *27* *1924*
(Month) (Day) (Year)

13 Informant *Mary - A. Ayer Waltham* (Address) *176 Woodside ave*

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Woodlawn Cemetery Mass* (City or town) DATE OF BURIAL *April 30* *1924*

14 Filed *May 6, 1924* REGISTRAR

19 UNDERTAKER *C R Robinson* ADDRESS *Waltham*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels*

Official position *Health Officer* Date of issue of permit *4/30/24* Permit NO. *720*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically for the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesenteric Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbestia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Coma-mentia," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, callusitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____

City or Town *Wentworth* No. *14 Egleton Park* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Hiram Augustus Wright*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *14 Egleton Park* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *25* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDDED, OR DIVORCED (write the word) *Widower*

15 DATE OF DEATH *April 27 1924*
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of *Ellen V. Wright* (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from *Sept 1*, 19*23*, to *April 27*, 19*24*, that I last saw him alive on *April 24*, 19*24*, and that death occurred, on the date stated above, at *2:30* a.m.

6 AGE Years *84* Months *5* Days _____ If LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH was as follows:
Chronic Bronchitis

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Retired* (b) Name of employer *Custom House Gager*

(duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (City) *Arlington* (State or country) *Mass*

CONTRIBUTORY *Arterio-sclerosis* (SECONDARY) *Secondary* (duration) _____ yrs. _____ mos. _____ ds.

9 NAME OF FATHER *Stephen E. Wright*

17 Where was disease contracted if not at place of death? _____

10 BIRTHPLACE OF FATHER (City) *Arlington* (State or country) *Mass*

Did an operation precede death? *no* Date of _____

11 MAIDEN NAME OF MOTHER *Nancy Mason*

Was there an autopsy? *no*

12 BIRTHPLACE OF MOTHER (City) *Arlington* (State or country) *Mass*

What test confirmed diagnosis? *Clinical*
(Signed) *Owens & Johnson* M. D.
(Address) *Wentworth* *Mass*

13 Informant *Elizabeth W. Hayes* (Address) *14 Egleton Park Wentworth*

Date *April 28 1924*
(Month) (Day) (Year)

14 Filed *May 6, 1924*
(Month) (Day) (Year) REGISTRAR

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Forest Hills Cemetery* DATE OF BURIAL *April 28*
(Cemetery) *Boston* (City or town)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels*

19 UNDERTAKER *C R Beunison* ADDRESS *Wentworth*

Official position *Health Officer* Date of issue of permit *4/28/24* Permit No. *719*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer, (b) Cotton mill; (d) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic services for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium, etc. Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Wentworth* No. *21 Loring Rd* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *William. Mann* (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *21 Loring Rd* St., _____ Ward. _____ (If non-resident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widower*
5a If married, widowed or divorced HUSBAND of (or) WIFE of *Widower Margaret C. Mann.*
6 AGE Years *58* Months *6* Days *22* If LESS than 1 day, _____ hrs. or _____ min.

15 DATE OF DEATH *April 28 1924*
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from *Feb 18*, 19*24*, to *April 28*, 19*24*, that I last saw him alive on *April 27*, 19*24*, and that death occurred, on the date stated above, at *7 A* m.
The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here

Cerebral sclerosis
(duration) _____ yrs. *6* mos. _____ ds.

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Tea Merchant*
(b) Name of employer *Ref*

CONTRIBUTORY *Cerebral hemorrhage*
(SECONDARY) (duration) _____ yrs. *2* mos. _____ ds.

8 BIRTHPLACE (City) *Scotland*
(State or country)

17 Where was disease contracted if not at place of death? *at home.*
Did an operation precede death? *no* Date of _____
Was there an autopsy? *no*

9 NAME OF FATHER *William Mann*

What test confirmed diagnosis? *Resonal Observation*
(Signed) *Raymond B Parker*, M. D.
(Address) *148 Wentworth St*
Date *April 30 1924*
(Month) (Day) (Year)

10 BIRTHPLACE OF FATHER (City) *Scotland*
(State or country)

11 MAIDEN NAME OF MOTHER *Catherine McLean*

12 BIRTHPLACE OF MOTHER (City) *Scotland*
(State or country)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *St. Auburn Cambridge*
(Cemetery) (City or town) DATE OF BURIAL *April 30*

13 Informant *Miss Susan. Mann*
(Address) *21 Loring Rd Wentworth*

19 UNDERTAKER *C. R. Pearson* ADDRESS *148*
Wentworth

14 Filed *May 6, 1924*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *F. C. Daniels*
Official position *Health Officer* Date of issue of permit *4/30/24* Permit NO. *721*

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Painter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Color mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc.; *Chancræ*, *Sarcoma*, etc.; *of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatised), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal *asplætenia*," "Puerperal *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

302
 CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Danvers
 (City or town)

1 PLACE OF DEATH

Registered No. 123
 (Place of death)

County Essex State Mass.

Registered No. (Place of residence)

City or Town Danvers, Danvers State Hospital No. St. Ward
 John Havlin (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence State Mass. City or Town Winthrop No. St.
 (Usual place of abode) i 11

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a If married, widowed, or divorced HUSBAND of Annie I. Hayes (or) WIFE of

6 AGE 73 Years Months Days If LESS than 1 day, ... hrs. or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED none (a) Trade, profession, or particular kind of work (b) Name of employer St. John's

8 BIRTHPLACE (city or town) New Brunswick (State or country)

9 NAME OF FATHER John Havlin

10 BIRTHPLACE OF FATHER (city or town) New Brunswick (State or country)

11 MAIDEN NAME OF MOTHER Mary Garrety

12 BIRTHPLACE OF MOTHER (city or town) New Brunswick (State or country)

13 Informant Clare Powers, Hathorne (Address)

14 Filed 5/3/24 Registrar of city or town where death occurred

Filed May 10, 1924 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Apr. 30, 1924. (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 19, 1922 to April 30, 1924.

that I last saw him alive on April 30, 1924, and that death occurred, on the date stated above, at 12.15 a.m. The CAUSE OF DEATH was as follows:

Arteriosclerosis

(duration) yrs. mos. ds. CONTRIBUTORY Chr. myocarditis (SECONDARY) chr. nephritis (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no yes

What test confirmed diagnosis? (Signed) I. Green, M.D.

(Address) Hathorne Date May 2, 1924. (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Harmony Grove Salem 5/2/24. 19 (Cemetery) (City or town)

19 UNDERTAKER ADDRESS W. H. Crosby Danvers

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Artist*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be reported specifically for the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (same origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop.
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk, ? State Mass., Registered No. _____
City or Town Winthrop ? (Found in lot on Wilshire Street) St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME UNKNOWN MALE INFANT, Case No 13,266.
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. Unknown, St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE _____ 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 AGE Years _____ Months _____ Days _____ If LESS than
I day, _____ hrs.
(Apparently full term.) or _____ min.

If STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) Name of employer _____

8 BIRTHPLACE (City) _____

(State or country) _____

9 NAME OF FATHER _____

10 BIRTHPLACE OF FATHER (City) _____

(State or country) _____

11 MAIDEN NAME OF MOTHER _____

12 BIRTHPLACE OF MOTHER (City) _____

(State or country) _____

13

Informant _____

(Address) _____

14

Filed May 24, 1924
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April ?, 1924.
(Found Apr. 12, 1924.) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Unknown - possibly unassisted delivery.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) George Burgess Mezuth M.D.

(Address) _____

Medical Examiner for Suffolk County,Date May 19, 1924.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL

May 27, 1924
(Month) (Day) (Year)

19 UNDERTAKER

C. R. Conner

ADDRESS

Winthrop20 Burial permit issued by H. C. Daniels

Official position

Health Officer

21 Date of issue

4/21/24

Permit No.

737

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

April 1928

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Collect (Boston) notified 5/11/24

The Commonwealth of Massachusetts

13,322

Winthrop
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State _____ Registered No. _____
City or Town Fort Banks, Station Hospital, Mass Winthrop St. _____ Ward _____
(If death occurred in hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edward J. Barsky
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 20 Brecknock St. South St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than I day, hrs. or min.
20

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soldier
(b) Name of employer U.S. Army

8 BIRTHPLACE (City)

(State or country) Russia

9 NAME OF FATHER

Shas. Barsky

10 BIRTHPLACE OF FATHER (City)

(State or country) Russia

11 MAIDEN NAME OF MOTHER

Gertrude Goldstein

12 BIRTHPLACE OF MOTHER (City)

(State or country) Russia

13

Informant Louis Barsky
(Address) 18 Dwight St Boston

14

Filed 5/11/24
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by W. H. ...

Official position Health office

21 Date of issue May 31

Permit No. 722

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 2 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Bullet wound of the abdomen, perforating, with associated shock.

Circumstances accidental as determined by Military Board of Investigation.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? Fort Rivers, Hull
(Signed) Serge Eugene Magath M.D.
(Address) _____

Medical Examiner for Suffolk

Date May 2 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Sons of Benjamin - West Roxbury
(Cemetery) (City or town)

DATE OF BURIAL

May 4/24
(Month) (Day) (Year)

19 UNDERTAKER

C. R. Brinson

ADDRESS

Winthrop

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk State Mass Registered No. Wentworth
County Wentworth City or Town Wentworth No. 165 Woodside ave St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Andrew Milton - Smith
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 165 Woodside ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 2 years X months X days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5a If married, widowed or divorced HUSBAND of now Valeria Torle (or) WIFE of

6 AGE Years 73 Months 5 Days 6 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired (b) Name of employer

8 BIRTHPLACE (City) Beddeford (State or country) me

9 NAME OF FATHER Andrew W. Smith

10 BIRTHPLACE OF FATHER (City) Beddeford (State or country) me

11 MAIDEN NAME OF MOTHER Jane Emery

12 BIRTHPLACE OF MOTHER (City) Beddeford (State or country) me

13 Informant Chas. Smith (Address) 165 Woodside ave Wentworth

14 Filed May 15, 1924 Bessie S. Lodge REGISTRAR
(Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 5 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 18, 1924, to May 5, 1924, that I last saw him alive on May 5, 1924, and that death occurred, on the date stated above, at 3.30 P. m.
The CAUSE OF DEATH was as follows:
Chronic Parenchymatous Nephritis

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY myocarditis (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Urin. analysis Physical examination
(Signed) Ellie H. Saunders M. D.

(Address) 32 Woodside Park, Wentworth
Date 7 May 6 1924 Mass
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL me. DATE OF BURIAL May 8/24
Greenwood Beddeford
(Cemetery) (City or town)

19 UNDERTAKER C. R. Benson ADDRESS Wentworth

Official position, Health Officer Date of issue of permit 5/6/24 Permit NO. 723

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1929
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Coal engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be only when needed. As examples: (a) *Sprayer, (b) Cotton mill; (a) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonitis, etc., Carcinoma, Sarcoma, etc.,* (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop.
-BOSTON

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. _____
City or Town Boston - Winthrop No. 29 Tewksbury Street St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Flavia Clapp
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 29 Tewksbury St. Ward _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDDED, OR DIVORCED (write the word) single.

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years 46 Months 10 Days 20 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED Bookkeeper.
(a) Trade, profession, or particular kind of work
(b) Name of employer _____

8 BIRTHPLACE (City) Boston Mass
(State or country)

9 NAME OF FATHER Stepher B. Clapp

10 BIRTHPLACE OF FATHER (City) Dorchester Mass
(State or country)

11 MAIDEN NAME OF MOTHER Lucy Capen

12 BIRTHPLACE OF MOTHER (City) Fair Haven Vt.
(State or country)

13 Informant Mrs. Lucy M. Clapp
(Address) 29 Tewksbury St.

14 Filed May 15, 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 7 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 1st, 1924, to May 7, 1924 that I last saw her alive on May 7th, 1924, and that death occurred, on the date stated above, at 10 P. m. The CAUSE OF DEATH was as follows:

Bronchio Pneumonia

(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Infections
Arteriosclerosis
(duration) 10 yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? _____ FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____ If Under One Year, Was Baby Breast Fed _____

What test confirmed diagnosis? _____

(Signed) [Signature], M. D.

(Address) [Address]

Date May 8 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Grove, Boston
(Cemetery) (City or town) DATE OF BURIAL May 10-1924

19 UNDERTAKER J. S. Sherman & Sons ADDRESS Boston

Official position Health Officer Date of issue of permit 5/9/24 Permit No. 724

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*. (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever*; the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipels, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 33)

County Suffolk State _____ Registered No. _____
City or Town Wentworth No. 265 Court Road St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bessie M. Daggitt
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. Wentworth, 265 Court Road Ward. _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 28 years months days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

15 DATE OF DEATH May 7 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick J. Daggitt

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

6 AGE Years Months Days If LESS than 1 day, ... hrs. of ... min.
52

Natural Causes:
Heart in telangiectatic -
presumably cardio-vascular
lesion.
(Found dead in bed)

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer _____

8 BIRTHPLACE (City) Yamousette
(State or country) N. S.

(See reverse side for description for unknown person)

9 NAME OF FATHER Emily, Hannah, Haley

17 Where was injury sustained if not at place of death?

10 BIRTHPLACE OF FATHER (City) Chebourg
(State or country) N. S.

(Signed) Henry Conyer Mayntz M.D.
(Address) _____

11 NAME OF MOTHER Robert L. Simmons

Medical Examiner for Suffolk
Date May 7 1924
(Month) (Day) (Year)

12 BIRTHPLACE OF MOTHER (City) Yamousette
(State or country) N. S.

13 Informant F. J. Daggitt
(Address) 265 Court Rd. Wentworth

18 PLACE OF BURIAL, CREMATION, or REMOVAL Wentworth - Mitchell
(Cemetery) (Cemeter town)
DATE OF BURIAL 5/9-24
(Month) (Day) (Year)

14 Filed May 15 1924
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER C. R. Ferriman
ADDRESS Wentworth

20 Burial permit issued by H. C. Danily Official position Health Officer 21 Date of issue 5/9/24 Permit No. 725

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
 — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Received M. D. Baggett
 May 7, 1920

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Waltham* No. *48 Walden ave* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Mary Pope Callard*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *48 Walden ave* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred *19* years months days. How long in U. S., if of foreign birth? _____ years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5a If married, widowed or divorced
HUSBAND of *John W. Callard*
(or) WIFE of

6 AGE Years Months Days If LESS than 1 day, ___ hrs. or ___ min.
72 *8* *7*

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Nursewife*
(b) Name of employer _____

8 BIRTHPLACE (City) *Wayland*
(State or country) *Ohio*

9 NAME OF FATHER *Henry P. Pike*

10 BIRTHPLACE OF FATHER (City) *Danvers*
(State or country) *Vermont*

11 MAIDEN NAME OF MOTHER *Maudie P. Pike*

12 BIRTHPLACE OF MOTHER (City) *Chelsea*
(State or country) *Mass*

13 Informant *John W. Callard*
(Address) *48 Walden ave*

14 Filed *May 15 1924*
(Month) (Day) (Year) REGISTRAR *Hedavis*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *May 8 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *3-4*, 19*24*, to *5-8*, 19*24*
that I last saw he alive on *5-7*, 19*24*
and that death occurred, on the date stated above, at *2 A* m.
The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY *Diabetes Mellitus*
(SECONDARY) (duration) *3* yrs. _____ mos. _____ ds.

17 Where was disease contracted _____
if not at place of death?

Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis? _____
(Signed) *Harvey Attebery* M. D.
(Address) *200 Pleasant St.*
Date *5-8 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Waltham* DATE OF BURIAL *8/8/24*
(Cemetery) (City or town)

19 UNDERTAKER *C.P. Bennett* ADDRESS *Waltham*

Official position *Health Officer* Date of issue of permit *May 9, 1924* Permit NO. *726*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planer*, *Physician*, *Commissioner*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Cars should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelicate); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc.; *Carcinoma*, *Sarcoma*, etc.; of (name origin, "Cancer," is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neurosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

- (3) Medical examiners will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 4248
(Place of death) (Place of residence)
City or Town Boston No. CITY HOSPITAL St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

HUGH DOHERTY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. WINTHROP, MASS. St. Ward
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

| | | |
|-------------------|-----------------------------|--|
| 3 SEX <u>M</u> | 4 COLOR OR RACE <u>W</u> | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>MAR.</u> |
|-------------------|-----------------------------|--|

15 DATE OF DEATH MAY 8 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of
HELEN

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

| | | | | |
|-------|-----------|--------|------|--|
| 6 AGE | Years | Months | Days | If LESS than 1 day,.....hrs. or.....min. |
| | <u>61</u> | | | |

ACUTE DILATATION OF HEART
(ALCOHOLISM)

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED MEAT CUTTER
(a) Trade, profession, or particular kind of work
(b) Name of employer

(See reverse side for additional space)

8 BIRTHPLACE (city or town) ST. JOHN
(State or country) N.B.

17 Where was injury sustained if not at place of death?
(Signed) TIMOTHY LEARY, M.D.

9 NAME OF FATHER -----DOHERTY

(Address) BOSTON
Medical Examiner for SUFFOLK CO.

10 BIRTHPLACE OF FATHER (city or town) ST. JOHN, N.B.
(State or country)

Date MAY 8 1924
(Month) (Day) (Year)

11 MAIDEN NAME OF MOTHER ALICE MURRAY

12 BIRTHPLACE OF MOTHER (city or town) ST. JOHN
(State or country) N.B.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL MT. BENEDICT W.R.H.
DATE OF BURIAL MAY 12 1924
(Month) (Day) (Year)

13 Informant MRS. DOHERTY
(Address) SOMERVILLE

19 UNDERTAKER J.S. WATERMAN & SONS
ADDRESS Boston

14 Filed MAY 13 1924 E.W.M. Glenew
Registrar of city or town where death occurred

20 Burial permit issued by
Official position

Filed 7/1/24 1924 _____
Registrar of city or town where deceased resided

21 Date of issue 1924

should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

PARENTS

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
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shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

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If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

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THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Handwritten notes:
No
11/11/18
11/11/18
11/11/18
11/11/18
11/11/18

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town) _____
 County Suffolk State Mass Registered No. _____
 City or Town Winthrop No. 29 Mermaid Ave. St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sophia H. Parents
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 29 Mermaid Ave. St., _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDDED, OR DIVORCED (write the word) Widowed

5a If married, widowed or divorced HUSBAND of George M. Parents (or) WIFE of _____

6 AGE Years 87 Months 6 Days 29 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED At Home
 (a) Trade, profession, or particular kind of work
 (b) Name of employer

8 BIRTHPLACE (City) Canada
 (State or country)

9 NAME OF FATHER Richard H. Walker

10 BIRTHPLACE OF FATHER (City) England
 (State or country)

11 MAIDEN NAME OF MOTHER Judith Heath

12 BIRTHPLACE OF MOTHER (City) Stamstead
 (State or country) Maine

13 Informant Mrs. Christian
 (Address) Mermaid Ave.

14 Filed May 15 1924
 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 9 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 7, 1924, to May 9, 1924, that I last saw her alive on May 8, 1924, and that death occurred, on the date stated above, at 19 m. The CAUSE OF DEATH was as follows:

Cerebral Haemorrhage
 (duration) _____ yrs. _____ mos. 2 ds.
 CONTRIBUTORY arterio sclerosis
 (SECONDARY) (duration) 3 yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____
 (Signed) Edw. J. Franzen M. D.
 (Address) 75 Main St.
 Date May 9 1924
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Hope Boston
 (Cemetery) (City or town) DATE OF BURIAL 5/14/24

19 UNDERTAKER John F. O'Neil ADDRESS Winthrop

Official position Health Officer Date of issue of permit 5/10/24 Permit NO. 1728

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Example: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastatic*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., (name or origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk County Wintthrop City or Town Wintthrop Community Hospital St., 1 Ward 1 (City or town) State Mass Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Friberg (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 76a First Ave - St. 1 Ward. _____ (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) Name of employer _____

8 BIRTHPLACE (City) Wintthrop (State or country) Mass

9 NAME OF FATHER Melvin Friberg

10 BIRTHPLACE OF FATHER (City) Gloucester (State or country) Mass

11 MAIDEN NAME OF MOTHER Hedera Hanson

12 BIRTHPLACE OF MOTHER (City) Sweden (State or country) _____

13 Informant Nathan Melvin Friberg (Address) 76a First Ave Revere Mass

14 Filed May 15, 1924 (Month) (Day) (Year) REGISTRAR [Signature]

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [Signature]

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 10 1924 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 5/8/24, 1924, to 5/9/24, 1924, that I last saw him alive on 5/8/24, 1924, and that death occurred, on the date stated above, at 1 a.m. The CAUSE OF DEATH was as follows:

Congestive Heart

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____ (Signed) [Signature], M. D. (Address) 20 Crescent St Date May 10 24 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Glennwood Cem Everett (City or town) DATE OF BURIAL May 10, 1924

19 UNDERTAKER Walter T. White ADDRESS Wintthrop

Official position Health Officer Date of issue of permit May 10 Permit NO. 726

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Printer*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (tumor origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congential," "Senile," etc.), "Dropsy," "Edema," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Winthrop No. 8, Nahant Ave St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Leo J. Driscoll
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 8 Nahant Ave, St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S-

5a If married, widowed or divorced HUSBAND of _____ (or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, ___ hrs. or ___ min.
1 7 28

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass9 NAME OF FATHER Maurice10 BIRTHPLACE OF FATHER (City) Quincy
(State or country) Mass11 MAIDEN NAME OF MOTHER Egnes M. Fitzgerald12 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) Ma.13 Informant Maurice Driscoll
(Address) 8 Nahant Ave14 Filed May 15, 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
958.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 10 1924
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from May 9, 1924, to May 10, 1924, that I last saw him alive on May 10, 1924 and that death occurred, on the date stated above, at 3 A. m. The CAUSE OF DEATH was as follows:Heidovis(duration) ___ yrs. ___ mos. 1 1/2 ds.CONTRIBUTORY _____
(SECONDARY) _____ (duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Edward J. Franzen, M. D.(Address) 29 Main St.Date May 10 1924
(Month) (Day) (Year)18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or town) DATE OF BURIAL May 11, 192419 UNDERTAKER John F. O'Malley Winthrop
ADDRESSOfficial position Health Officer Date of issue of permit 5/10/24 Permit NO. 727

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Portman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *myringa*, *peritonema*, etc., *Carcinoma*, *Sarcoma*, etc., of (name of organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intermittent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Eclampsia," "Heart failure," "Hemorrhage," "Hemiplegia," "Mania-haustion," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County _____ State Mass Registered No. _____ (City or town)
City or Town Winthrop No. 157 Green Ave St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine Boissier
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 157 Green St. Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 2 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5a If married, widowed or divorced HUSBAND of (or) WIFE of Frederick Boissier
6 AGE Years 48 Months - Days - If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____
7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer _____

8 BIRTHPLACE (City) Salem
(State or country) Mass

PARENTS
9 NAME OF FATHER Patrick Tracey
10 BIRTHPLACE OF FATHER (City) _____
(State or country) Ireland
11 MAIDEN NAME OF MOTHER Thanna Brown
12 BIRTHPLACE OF MOTHER (City) _____
(State or country) Ireland

13 Informant Mr. John Tracey
(Address) 157 Green St.

14 Filed May 15 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 11 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug, 1923, to May 11, 1924, that I last saw her alive on May 10, 1924, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH was as follows:
Chronic Cardio-renal Disease

Severe (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Ophthalmic Gitter
(SECONDARY) Severe (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? clinical
(Signed) Genevieve E. Johnson, M. D.
(Address) 123 Winthrop St
Date May 13 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Salem Mass
(Cemetery) (City or town) DATE OF BURIAL May 15 1924

19 UNDERTAKER Francis Conway
ADDRESS Salem Mass

Official position Health Officer Date of issue of permit 5/15/24 Permit NO. 733

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*; (b) *Grocery*; (a) *Foreman*; (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *u/s*), *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of, (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular kidney disease*; *Chronic interstitial nephritis*, etc. The unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestial," "Senile," etc.), "Dropsy," "Edema," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, esatitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Boston

No. Community Hospital

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Fannie Cohen

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 43 Campbell St.

Ward. Revere mar

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

17 days

How long in U. S., if of foreign birth?

20 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Julius Cohen

6 AGE

35

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at Home

(b) Name of employer

House wife

8 BIRTHPLACE (City)

(State or country)

Russia

9 NAME OF FATHER

Morris Begun

PARENTS

10 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

11 MAIDEN NAME OF MOTHER

Rachel

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

13

Informant

(Address)

Jul Cohen
43 Campbell St. Revere mar

14

Filed

(Month) (Day) (Year)

May 15 1924

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J H Levine

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May (Month)

11 (Day)

1924 (Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 28, 1924, to May 11, 1924,

that I last saw her alive on May 11, 1924,

and that death occurred, on the date stated above, at 6:30 A. M.

The CAUSE OF DEATH was as follows:

Post partum Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Placenta Praevia

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Complicated Date of April 29, 1924Was there an autopsy? mWhat test confirmed diagnosis? Consultation(Signed) Louis Siegel, M.D.(Address) 68 Shirley Ave. RevereDate May 11, 1924

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Ansley Molez Northw. Mass (Cemetery) (City or town)

DATE OF BURIAL

May 11 1924

19 UNDERTAKER

J H Levine

ADDRESS

51 Bowdoin St. Revere

Official position Health Officer

Date of issue

May 11, 1924

Permit

No. 730

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Chil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic services for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "P^{ER}IPARTAL *epilepsia*," "P^{ER}IPARTAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Pneumopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, coliculis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. _____
City or Town Winthrop No. 20 Ocean Ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Miriam Shaw
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 20 Ocean Ave St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|---------------------------------|---|-----------|--|
| 3 SEX <u>Female</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> | | |
| 5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | | | |
| 6 AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| | | <u>11</u> | <u>20</u> | |
| If STILLBORN, enter that fact here | | | | |

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 13 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 11, 1924, to May 13, 1924
that I last saw her alive on May 13, 1924
and that death occurred, on the date stated above, at 4:55 P.M.
The CAUSE OF DEATH was as follows:
Bronchio-pneumonia
(duration) _____ yrs. _____ mos. 2 ds.

7 OCCUPATION OF DECEASED None
(a) Trade, profession, or particular kind of work
(b) Name of employer

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (City) _____ (State or country) Winthrop Mass

9 NAME OF FATHER William L. Shaw

10 BIRTHPLACE OF FATHER (City) _____ (State or country) East Boston Mass

11 MAIDEN NAME OF MOTHER Anna Lewis

12 BIRTHPLACE OF MOTHER (City) _____ (State or country) Maine

17 Where was disease contracted if not at place of death? _____
FOR WHAT? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis?
(Signed) Edward J. Frazer, M.D.
(Address) 7 Irving St.
Date May 13 1924
(Month) (Day) (Year)

13 Informant William L. Shaw
(Address) 20 Ocean Ave

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden DATE OF BURIAL May 14 24
(Cemetery) (City or town)

14 Filed May 15 1924
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER William A. Leonard ADDRESS 58 East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Danily
9.

Official position Health Officer Date of issue of permit 5/14/24 Permit No. 732

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be employed as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria; Whooping cough; Chronic interlor heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purpura septiformis," "Purpura peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or the agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 44.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-301
 PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
 (City or town)

1 PLACE OF DEATH
 County **Suffolk** State **Massachusetts** Registered No. _____
 City or Town **Boston** No. **Winthrop Community Hospital**
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME **Baby Bornstein**
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. **33 Crescent Ave.** Ward. **Beaumont**
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female**
 4 COLOR OR RACE **white**
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6 AGE **7** Years **X** Months **X** Days If LESS than 1 day.....hrs. or.....min.
 If STILLBORN, enter that fact here **Stillborn**

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **May 13 1924**
 (Month) (Day) (Year)
 16 I HEREBY CERTIFY, That I attended deceased from **May 13 1924**, to **May 13 1924**, that I last saw h..... alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:
Stillborn
 (duration) _____ yrs. _____ mos. _____ ds.

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) Name of employer _____

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (City) **Winthrop, Mass.**
 (State or country)

17 Where was disease contracted if not at place of death? _____
 Did an operation precede death? **FOR WHAT?** _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis?
 (Signed) **M. J. Silbergum**, M.D.
 (Address) **5 Beaumont Ave. Rox.**
 Date **May 13 24**
 (Month) (Day) (Year)

PARENTS
 9 NAME OF FATHER **Hyman Bornstein**
 10 BIRTHPLACE OF FATHER (City) **Russia**
 (State or country)
 11 MAIDEN NAME OF MOTHER **Etta Dilofsky**
 12 BIRTHPLACE OF MOTHER (City) **Russia**
 (State or country)

13 Informant **H. Bornstein**
 (Address) **33 Crescent Ave.**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **Woburn**
Beth Joseph Cem. (City or town) DATE OF BURIAL **May 14 1924**

14 Filed **May 15 1924**
 (Month) (Day) (Year) REGISTRAR

19 UNDERTAKER **Mame Stanevsky** ADDRESS **Boston**

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued **H. C. Daniels**

Official position **Death Officer** Date of issue of permit **4/4/24** No. **731**

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be employed as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asstema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gasperis, gastritis, erysipelas, meningitis, miscarriage, neurosis, peritonitis, plebitis, pyemia, septicaemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH *Suffolk* County *Mass.* State Registered No. _____
City or Town *Winthrop* No. *38 Harbor View Ave* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Edna. Neomi Reed*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *38 Harbor View Ave* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *25* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*

5a If married, widowed or divorced HUSBAND of *Edwin L. Reed* (or WIFE of)

6 AGE Years *63* Months *5* Days *13* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *at Home* (b) Name of employer _____

8 BIRTHPLACE (City) *Meredith* (State or country) *N. H.*

9 NAME OF FATHER *Benjamin M. Moulton*

10 BIRTHPLACE OF FATHER (City) *Moultonboro* (State or country) *N. H.*

11 MAIDEN NAME OF MOTHER *Mary A. Cate*

12 BIRTHPLACE OF MOTHER (City) *Boston* (State or country) *Mass.*

13 Informant *Naomi R. Reed* (Address) *(Daughter) 38 Harbor View Ave Winthrop*

14 Filed *May 20 1924* REGISTRAR _____
(Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with the BEFORE the burial or transit permit was issued *Stedman*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *May 16 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *April 30*, 19*24*, to *May 16*, 19*24*, that I last saw her alive on *May 16*, 19*24*, and that death occurred, on the date stated above, at *1 P.* m. The CAUSE OF DEATH was as follows: *Acute Endocarditis*

CONTRIBUTORY *arteriosclerotic Rheumatoid* (SECONDARY) (duration) _____ yrs. _____ mos. *4* ds.

(duration) _____ yrs. _____ mos. *17* ds

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? (Signed) *F. S. Gault*, M. D. (Address) *425 Broadway, Chelsea* Date *May 17 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *White Church* DATE OF BURIAL *May 19/24*
(Cemetery) (City or town)

19 UNDERTAKER *C. R. Bennis* ADDRESS *Winthrop, Mass.*

Official Health Officer *Stedman* Date of issue of permit *5/8 24* Permit No. *734*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archivist, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "laborer" "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the misase causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the misase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia."); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonum, etc., Carcinoma, Sarcoma, etc., of* (Name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.* *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Prenia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies or only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintthrop

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

~~Boston~~
Wintthrop

No.

Wintthrop County Hospital
(If death occurred in a hospital or institution, give its NAME (instead of street and number))

2 FULL NAME

Etta Charlotte Bornstein

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

33 Crescent Ave. St.

Ward.

Beachmont

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

25

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE MARRIED WIDOWED OR DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of (or) WIFE of

Wymann

6 AGE

39

Years

Months

Days

If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Russia

9 NAME OF FATHER

Aaron Dolofsky

10 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

11 MAIDEN NAME OF MOTHER

Goldie Toubeman

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

13

Informant

Wymann Bornstein

(Address)

33 Crescent Ave.

14

Filed

5 20 24

(Month) (Day) (Year)

Beachmont

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

M. Danish

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

18

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 13, 1924, to May 18, 1924,

that I last saw her alive on May 18, 1924,

and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH was as follows:

Acidosis

(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death?

FOR WHAT Cause

Did an operation precede death? yes Date of May 13/24

Was there an autopsy? no If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis? General symptoms

(Signed)

Mannie Silverman, M. D.

(Address)

53 Walnut St - Roxbury

Date

May 18, 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woburn
Pride of Boston Cem.

(Cemetery)

(City or town)

DATE OF BURIAL

May 19, 1924

19 UNDERTAKER

Mmanuel Stanchetky

ADDRESS

Boston

Official position

Health Officer

Date of issue of permit

May 19, 24

Permit NO.

730

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congential," "Senile," etc.), "Dropy," "Eczema," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH **Suffolk** State **Massachusetts** Registered No. _____
County _____
City or Town **Boston** No. **Northrop Community Hospital** Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Caroline A. Campbell**
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. **76 Crest Ave (Northrop St.)** Ward. _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred **6** years **6** months **_____** days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5a If married, widowed, or divorced HUSBAND of (or) WIFE of **Philip A. Campbell**
6 AGE Years **50** Months **3** Days **2** If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) Name of employer **at home**

8 BIRTHPLACE (City) **Boston**
(State or country) **Massachusetts**

9 NAME OF FATHER **Daniel Sullivan**

10 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)

11 MAIDEN NAME OF MOTHER **Kathleen Benna**

12 BIRTHPLACE OF MOTHER (City) **England**
(State or country)

13 Informant **Mrs Dorothy Campbell**
(Address) **76 Crest Ave Northrop**

14 Filed **May 20, 1924**
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued **H. J. Daniels**

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **May 20, 1924**
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **May 14, 1924**, to **May 20, 1924**, that I last saw him **alive on May 19, 1924** and that death occurred, on the date stated above, at **6:17 m.**
The CAUSE OF DEATH was as follows:

Uraemia

CONTRIBUTORY **Arterio Sclerosis**
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? **FOR WHAT?**

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) **Harry C. Kelly**, M.D.

(Address) **200 Chestnut**

Date **May 20, 1924**
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **Holy Cross Cemetery (Malden)** DATE OF BURIAL **May 22, 1924**
(Cemetery) (City or town)

19 UNDERTAKER **Lyndon H. Sullivan & Son** ADDRESS **759 South St Boston**

Official Health Officer **Harry C. Kelly** Date of issue **5/20/24** Permit **Boston**
position **Health Officer** of permit **5/20/24** No. **136**

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Cerebrum*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less desirable; avoid use of "Tumor," for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall nevertheless furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 44, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH _____ (City or town)
County Suffolk State MA Registered No. _____
City or Town Wintthrop No. Wintthrop Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Reddy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 44 Haun Bar Ave. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.

II STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) Wintthrop
(State or country) Mass.

9 NAME OF FATHER Daniel J. Reddy

10 BIRTHPLACE OF FATHER (City) Manchester
(State or country) N.H.

11 MAIDEN NAME OF MOTHER Alice M. Bowe

12 BIRTHPLACE OF MOTHER (City) Worcester
(State or country) Mass

PARENTS

13 Informant D J Reddy
(Address) 44 Haun Bar Ave.

14 Filed May 24 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 21 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 21, 1924, to _____, 19____,
that I last saw h_____ alive on _____, 19____,
and that death occurred, on the date stated above, at 10:30 A m.
The CAUSE OF DEATH was as follows:

Still Born -

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) _____
(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Edward J. Frainger M. D.

(Address) 7 Frisbie St.

Date May 21 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St Michael's Boston DATE OF BURIAL 5/22/24
(Cemetery) (City or town)

19 UNDERTAKER John F. C. Wain ADDRESS Wintthrop

Official position Health Officer Date of issue of permit 5/22/24 Permit ND. 735

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," etc.), "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by a physician or other and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required or the attending physician. If death is caused by violence, or the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Wentworth* No. *195 Pleasant St* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Norton W. Phillips*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *195 Pleasant St* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *32* years months days. How long in U. S., if of foreign birth? _____ years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed or divorced HUSBAND of _____ (or) WIFE of _____

6 AGE Years *34* Months *5* Days *1* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Manager*
(b) Name of employer _____

8 BIRTHPLACE (City) *Boston*
(State or country) *Mass*

9 NAME OF FATHER *Norton W. Phillips*

10 BIRTHPLACE OF FATHER (City) *Boston, Mass*
(State or country)

11 MAIDEN NAME OF MOTHER *Annie E. Wilson*

12 BIRTHPLACE OF MOTHER (City) *Cuba*
(State or country)

13 Informant *Annie E. Phillips*
(Address) *195 Pleasant St*

14 Filed *May 31, 24*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *May 24* 19*24*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *May 21*, 19*24*, to *May 24*, 19*24*, that I last saw him alive on *May 24*, 19*24*, and that death occurred, on the date stated above, at *7 a. m.* The CAUSE OF DEATH was as follows:

Chronic anterior poliomyelitis
(duration) *2* yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? *at home*

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *Neural Observation*
(Signed) *Raymond B Parker*, M. D.
(Address) *Wentworth Mass*
Date *May 25* 19*24*.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *South Hills Boston*
(Cemetery) (City or town) DATE OF BURIAL *May 26*

19 UNDERTAKER *C. R. Bennett* ADDRESS *Wentworth*

Official position *Health Officer* Date of issue of permit *5/26/24* Permit No. *739*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbestia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Uterine peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, gastritis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

13,378

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 33)

County Suffolk State Mass. Registered No. _____
City or Town Wintthrop - Wintthrop Beach Station or in transit to St. Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfred T. Lundgren - Wintthrop Community Hosp.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 3 Brewster Ave. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male. **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed
(write the word)

5a If married, widowed, or divorced **HUSBAND** of May G. Lundgren
(or) **WIFE** of _____

6 AGE Years 74 Months 00 Days _____ If LESS than I day, ... hrs. or ... min. see attached slips.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED Pilot
(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City) Sweden
(State or country)

9 NAME OF FATHER Unknown

10 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

13 Informant Mrs. Wm. J. MacKety
(Address) 3 Brewster Ave., Wintthrop

14 Filed May 31, 24
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by H. C. Danneberg

Official position Health Officer

21 Date of issue 5/26/24

Permit No. 740

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 25 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Cause:
Cardio-vascular disease.
(Sudden death.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) Jerry August Magnitt, M.D.

(Address) _____
Medical Examiner for Suffolk
Date May 26 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Holy Cross - Malden
(Cemetery) (City or town)

DATE OF BURIAL May 28, 1924
(Month) (Day) (Year)

19 UNDERTAKER Theo. B. Kelly

ADDRESS 310 Bowdoin St. South, MASS.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVED FOR BINDING

FORM R-303

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
 — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

d 36 1st from

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

City or Town

Winthrop

No.

Winthrop Beach Station St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alfred J. Lundgren

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

3 Brewster Ave St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDDED, OR
DIVORCED (write the word)

Widower

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Mary G. Lundgren

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

68

5

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Pilot

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Sweden

9 NAME OF
FATHER

Unknown

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Sweden

11 MAIDEN NAME
OF MOTHER

Unknown

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Sweden

13 Informant

(Address)

Mrs. W. J. M. Kultz
3 Brewster Ave Winthrop

14 Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

5 25 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19___, to___, 19___,

that I last saw h___ alive on___, 19___,

and that death occurred, on the date stated above, at___ m.

The CAUSE OF DEATH was as follows:

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____ If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis? _____

(Signed) _____, M. D.

(Address) _____

Date _____ (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

Holy Cross Malden

(City or town)

DATE OF BURIAL

May 28, '24

19 UNDERTAKER

Thos B. Kelly

ADDRESS

Rochester

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

Date of issue of permit

Permit No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer" "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia."); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonitis, etc.*; *Carcinoma, Sarcoma, etc.*, of (name organ); "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (nearly synonymous), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, eclampsia, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury a human body. . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or Registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

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13,385

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State _____ Registered No. _____

City or Town Wentworth No. 82 Hermon St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Charles Augustus Hayes
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No. 82 Hermon St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mar Ann

6 AGE Years Months Days If LESS than 1 day, hrs. or min.

78 ✓

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) Name of employer

8 BIRTHPLACE (City) Mass Scotia
(State or country)

9 NAME OF FATHER cannot be recalled

10 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

11 MAIDEN NAME OF MOTHER Elizabeth Darling

12 BIRTHPLACE OF MOTHER (City) England
(State or country)

13 Informant new informant
(Address) 25 Hermon Street, Wentworth

14 Filed May 31, 24
(Month) (Day) (Year) REGISTRAR

20 Burial permit issued by H. C. Daniels Official position Health Officer

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 28 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Cause:
Presumably Cardio-
vascular diseases
(Found dead.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) Jerry Bryan Magrath, M.D.

(Address)

Medical Examiner for Suffolk
Date May 28 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Wentworth DATE OF BURIAL 5/31/24
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER John T. W. ... ADDRESS ...

21 Date of issue 5/31/24 Permit No. 742

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PARENTS

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

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DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

may 28, 1892

13,383

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Mass Registered No. _____
City or Town Wintthrop - Community Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edward H. Howers
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Wintthrop, 21 Pleasant St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Effie Stanley

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
57 4 27

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Assistant Treasurer
(b) Name of employer Atlantic Works East Boston

8 BIRTHPLACE (City) Chelsea
(State or country) Mass

9 NAME OF FATHER Thomas W. Howers

10 BIRTHPLACE OF FATHER (City) Dover
(State or country) England

11 MAIDEN NAME OF MOTHER Caroline Phillpot

12 BIRTHPLACE OF MOTHER (City) Canterbury
(State or country) England

13 Informant Effie Stanley Howers
(Address) 21 Pleasant St Wintthrop Mass

14 Filed May 31, 24
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 28 1924
(Month) (Day) (Year)

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Natural Cause,
Presumably Cardio-
vascular and Cardio-
renal disease.

(Sudden death)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) Serge Eugene Mayette, M.D.

(Address) _____
Medical Examiner for Suffolk
May 28 1924
Date (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL
St. Berny St. Berny June 19 1924
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER ADDRESS
C. R. Bemerson Wintthrop - Mass

20 Burial permit issued by H. C. Daniels Official position Health Officer 21 Date of issue 5/31/24 Permit No. 741

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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

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 (gaths bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

78
1978
x 2861 '98
Lynn

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston
Winthrop

No.

Winthrop Community Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Jacobs (Stillborn)

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.
(Usual place of abode)

51 Pebble

St.

Ward.

Winthrop

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE MARRIED WIDOWED OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day.....hrs.
ormin.

If STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop, Mass.

(State or country)

9 NAME OF FATHER

Allan Jacobs

10 BIRTHPLACE OF FATHER (City)

Boston, Mass.

(State or country)

11 MAIDEN NAME OF MOTHER

Jennette Bay

12 BIRTHPLACE OF MOTHER (City)

London, England

(State or country)

13

Informant
(Address)

B. Jacobs.
85 Barnshoff St. Rox.

14

Filed
(Month) (Day) (Year)

June 9, 1924

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
A.S.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

1

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 1, 1924, to June 1, 1924,

that I last saw him alive on....., 19.....,

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH was as follows:

Stillborn

Premature

5 months.

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? _____ Date of

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed)

R. B. Parker

M.D.

(Address)

Winthrop

Date

June

1

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Beth Joseph St. Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

June 27/1924

19 UNDERTAKER

Manuel Stancovsky

ADDRESS

Boston

Official position

Health Officer

Date of issue

6/2/24

Permit

No. 743

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative harmfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Childdresser*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sparrow*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report separately the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH and the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtoria," "Anemia" (merely symptomatotic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such permit agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or the selectmen for the purpose, shall upon application make caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wimshot
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____

City or Town *Wimshot* No. *7 Vine ave* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Caroline Augusta Carver*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *7 Vine ave* St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *20* years _____ months _____ days _____
How long in U. S., if of foreign birth? _____ years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5a If married, widowed or divorced ~~HUSBAND of~~ *Wm J. Carver*
(or) WIFE of _____

6 AGE Years *89* Months *7* Days *2*
If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at home*
(b) Name of employer _____

8 BIRTHPLACE (City) *Salem*
(State or country) *Mass*

9 NAME OF FATHER *Unable to obtain*

10 BIRTHPLACE OF FATHER (City) " " "
(State or country) " " "

11 MAIDEN NAME OF MOTHER " " "

12 BIRTHPLACE OF MOTHER (City) " " "
(State or country) " " "

13 Informant *Geo. H. Carver*
(Address) *7 Vine ave Wimshot*

14 Filed *June 9, 1924*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniel*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *June 2 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Apr 2*, 19*23*, to *June 2*, 19*24*, that I last saw her alive on *June 2*, 19*24*, and that death occurred, on the date stated above, at *5.30 P.M.* The CAUSE OF DEATH was as follows:
Senility

CONTRIBUTORY *Arterio Sclerosis*
(SECONDARY) (duration) *?* yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Richard M. Kealy*, M. D.
(Address) *114 Pleasant St.*
Date *June 3 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Wimshot - Wimshot*
(Cemetery) (City or town) DATE OF BURIAL *June 4/24*

19 UNDERTAKER *Chas R. Penniman*
ADDRESS *Wimshot*

Official position *Health Officer* Date of issue of permit *6/4/24* Permit No. *774*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Springer*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The maternal worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonem*, etc., *Carcinoma*, *Sarcoma*, etc., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Ergasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by a physician or officer and the date of his death. *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease 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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N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

E. Boston notified

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County Suffolk State _____ Registered No. 1162
City or Town Wintthrop No. 37 Beal St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Patrick King

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No. 230 Waldemar, P.B. St. _____ Ward. 1-7
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months 7 days How long in U. S., if of foreign birth? 50 years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX _____ 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

15 DATE OF DEATH June 2 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

6 AGE Years 66 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

Natural Cause: Presumably Cardio-vascular disease (Coronary Sclerosis.)

If STILLBORN, enter that fact here _____

[Sudden death.]

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer (b) Name of employer _____

8 BIRTHPLACE (City) Ireland (State or country)

(See reverse side for description for unknown person)

9 NAME OF FATHER Frank King

17 Where was injury sustained if not at place of death? _____

10 BIRTHPLACE OF FATHER (City) Ireland (State or country)

(Signed) Very Burgin Mayhew, M.D.
(Address) _____

11 MAIDEN NAME OF MOTHER Mary Carter

Medical Examiner for Suffolk
Date June 3 1924
(Month) (Day) (Year)

12 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

13 Informant Mary King Sister-in-law (Address) 230 Waldemar Avenue

18 PLACE OF BURIAL, CREMATION, or REMOVAL Holy Cross, Malden (Cemetery) (City or town) DATE OF BURIAL June 5th '24 (Month) (Day) (Year)

14 Filed June 18, 1924 JUN 6 1924 REGISTRAR

19 UNDERTAKER Wm. H. Starby ADDRESS West Boston

20 Burial permit issued by Wm. H. Starby Official position _____

Date of issue JUN 4 1924 Permit No. 1496X

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

June 7, 1924

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

City or Town

Wintthrop

No.

24 Brookfield Rd

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frank James Strasburger

(a) Residence, No.

24 Brookfield Rd

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

13

years

x

months

x

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Married*5a If married, widowed or divorced
HUSBAND of
(or WIFE of)*Olly M. Strasburger*

6 AGE

Years

38

Months

5

Days

*18*If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Manager*

(b) Name of employer

Chunston Ginger ale Co, Bala-

8 BIRTHPLACE (City)

Chicago, Ill

(State or country)

9 NAME OF
FATHER*Frank J. Strasburger*10 BIRTHPLACE OF
FATHER (City)*Germany*

(State or country)

11 MAIDEN NAME
OF MOTHER*Emily Judd*12 BIRTHPLACE OF
MOTHER (City)*England*

(State or country)

13

Informant

Olly M. Strasburger

(Address)

24 13 Brookfield Rd Wintthrop

14

Filed

June 9 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued*H. C. Daniels*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

(Month)

5 1924

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan, 192*0*, to *June 5*, 192*4*,that I last saw him alive on *June 5*, 192*4*,and that death occurred, on the date stated above, at *11 P.* m.

The CAUSE OF DEATH was as follows:

*Chronic Parenchymatous
Nephritis*(duration) *10 1/2* yrs. ___ mos. ___ ds.

CONTRIBUTORY

Uremia

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Richard M. ...

M. D.

(Address)

114 Pleasant St

Date

June 7 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Wintthrop

(Cemetery)

Wintthrop

(City or town)

DATE OF BURIAL

June 8 1924

19 UNDERTAKER

Chas. R. Benson

ADDRESS

*Wintthrop*Official
position*Health Officer*Date of
issue

of permit

*6/7/24*Permit
NO.*745*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Stationary Compositor, Architec, Locomotive engineer, Civil engineer, Physician, Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*; (d) *Grocery*; (e) *Form part*; (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Woman at home, who are engaged in the duties of the household only (not paid *Wife, Housework, or At home*), may be entered as *Housewife, School or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Example: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia, Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningis peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mekas* (never report *Chronic tubular heart disease; Chronic interstitial nephritis*, etc. The contradictory (secondary or intercurrent) affection need not be stated unless important. Example: *Mekas* (disease causing death), symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

BOARD OF HEALTH PHYSICIAN'S CERTIFICATE OF DEATH

To be used only in case there is no attending physician or if for sufficient reason the attending physician's certificate cannot be obtained early enough for the purpose of granting a burial permit, as provided by Revised Laws, Chapter 78, Section 38.

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City Winthrop No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth L. Mosier
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 47 1/2 Washington Boulevard Str. _____ Ward. Chicago Ill
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years _____ months _____ days _____ How long in U. S., if of foreign birth? years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ronie Mosier

6 DATE OF BIRTH (month, day, and year)

7 AGE 64 Years Months 4 Days 5 If LESS than 1 day, _____ hrs. or _____ min.
If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED None
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) Lafayette (State or country) Indiana

10 NAME OF FATHER Edwin Lemuel Leonard

11 BIRTHPLACE OF FATHER (city or town) Leicester (State or country) Mass

12 MAIDEN NAME OF MOTHER Almira Whittlesby

13 BIRTHPLACE OF MOTHER (city or town) Binghamton (State or country) New York

14 Informant Edwin F. Leonard (Address) Winthrop Mass

15 Filed June 9, 1924 (Month) (Day) (Year) REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 6, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I have ascertained the nature of the disease from which the person above-named died, and that the CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH. (See reverse side for additional space and instructions.)

Tuberculosis of the lungs
(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Chicago, Ill.

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Personal inquiry
(Signed) Raymond B. Parker, M.D.
(Address) Winthrop Board of Health
Date June 6, 1924
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cem Chicago Ill DATE OF BURIAL June 8, 1924

20 UNDERTAKER Walter T. White ADDRESS Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

noting Chicago

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician and the date of his death. — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or a physician, or any physician employed by said board or by the selection for the board of health, if a physician, or any physician employed by said board attending make such certificate as is required of the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons **found dead**.

Notice to Undertakers: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

Statement of Cause of Death. — Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia, unqualified, is indefinite"); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., or (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Marasmus," "Old age," "Hemorrhage," "Irritation," "Expansion," "Heart failure," "Shock," "Uremia," "Weakness," etc. When a definite disease can be ascertained as the cause, Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal," *septicæmia*," "Puerperal peritonitis," etc. State cause DEATHS STATE MEANS OF INJURY was undertaken. For violent suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train — accident*; *Reefer wound of head — homicide*; *Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethæmia*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Belmont

(City or town)

1 PLACE OF DEATH

County Middlesex State Mass.

Registered No. 58
(Place of death)

City or Town Belmont No. 387 Belmont St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. _____
(Place of residence)

2 FULL NAME Amelia Walsh

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 44 Underhill St. _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months 13 days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

15 DATE OF DEATH June 6, 1924.
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph N. Walsh

16 I HEREBY CERTIFY, That I attended deceased from May 23, 1924, to June 6, 1924, that I last saw her alive on June 6, 1924, and that death occurred, on the date stated above, at 4 P m. The CAUSE OF DEATH was as follows:

6 AGE Years Months Days If LESS than 1 day, hrs. or min. 78 2 5

Cerebral Hemorrhage

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) Name of employer

(duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (city or town) London
(State or country) England.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

9 NAME OF FATHER George W. Bennett

17 Where was disease contracted if not at place of death? _____

10 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

Did an operation precede death? No. Date of: _____

11 MAIDEN NAME OF MOTHER Amelia Walsh

Was there an autopsy? No.

12 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

What test confirmed diagnosis? _____
(Signed) Wm. C. Hanson, M.D.

13 Informant Mrs. Frank W. Doane
(Address) 44 Underhill St. Winthrop

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop, Winthrop DATE OF BURIAL 6/9/24 19

14 Filed June 7, 1924 Registrar of city or town where death occurred

19 UNDERTAKER C. R. Bennison ADDRESS Winthrop

Filed _____, 19 _____ Registrar of city or town where deceased resided

so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*, (c) *Salesman*, (b) *Greenery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (*not paid Housewife*, *Housework*, or *At home*, and children, *not gainfully employed*, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name neoplasms); *Mesenteric Whirling cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric disease causing death, 39 ds.; Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as *Asplenia*, "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as to kind by section one, the disease of which he died, defined as to last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or his insufficient, a physician who is a member of the board of health, or employed by it or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
~~BOSTON~~1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. _____
City or Town ~~Boston~~ Winthrop No. 14 Waldemar Ave. St. W
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME William Weld (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 14 Waldemar Ave St. W Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.5a If married, widowed or divorced
HUSBAND of Lillian Weld.
(or) WIFE of6 AGE Years 44 Months _____ Days 16
If LESS than
1 day, _____ hrs.
or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Costumer.
(b) Name of employer8 BIRTHPLACE (City) Boston Mass
(State or country)9 NAME OF FATHER William H. Weld.10 BIRTHPLACE OF FATHER (City) Boston Mass
(State or country)11 MAIDEN NAME OF MOTHER Alice Allison12 BIRTHPLACE OF MOTHER (City) Rockland Me.
(State or country)13 Informant Mrs. Weld.
(Address) 14 Waldemar Ave.14 Filed June 9, 1924
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 7, 1924
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
April 5, 1924, to June 7, 1924,
that I last saw him alive on June 7, 1924,
and that death occurred, on the date stated above, at 7:30 A m.
The CAUSE OF DEATH was as follows:Carcinoma of Intestine(duration) 1 yrs. + mos. + ds.CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds17 Where was disease contracted if not at place of death? FOR WHAT?Did an operation precede death? Yes Date of April 5, 1924Was there an autopsy? No If Under One Year, Was Baby Breast FedWhat test confirmed diagnosis? Laboratory exam.
(Signed) R. B. Parker, M. D.(Address) Winthrop Mass
Date June 8, 1924
(Month) (Day) (Year)18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem Winthrop DATE OF BURIAL June 9
(Cemetery) (City or town)19 UNDERTAKER J. S. Waterman Sons ADDRESS BostonOfficial position Death Officer Date of issue of permit 6, 9 '24 Permit NO. 747

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Comman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Portman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If relieved from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indeterminate); *Tuberculosis of lungs, meningis, peritonum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death). The 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Edema," "Heart failure," "Hemorrhage," "Transition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, cystitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town)
City or Town Winthrop No. 32 Locust St Registered No. _____
St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Matilda Stone
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 32 Locust St St., 4 Ward. _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 20 years - months - days. - How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles O. Stone

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
67

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work None
(b) Name of employer _____

8 BIRTHPLACE (City) (State or country) Sweden

9 NAME OF FATHER Don't Know

10 BIRTHPLACE OF FATHER (City) (State or country) Sweden

11 MAIDEN NAME OF MOTHER Don't Know

12 BIRTHPLACE OF MOTHER (City) (State or country) Sweden

13 Informant Daughter Mrs Mabel C Mackay
(Address) 32 Locust St. Winthrop

14 Filed June 18, 1924
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. C. Danily

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 5, 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 7, 1924, to June 8, 1924, that I last saw him alive on June 8, 1924, and that death occurred, on the date stated above, at 1:15 P. M.

The CAUSE OF DEATH was as follows:
myocarditis
(duration) _____ yrs. _____ mos. 16 ds.

CONTRIBUTORY (SECONDARY) Embolism
left leg (duration) _____ yrs. _____ mos. 3 ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? clinical
(Signed) Dwight E Johnson, M.D.

(Address) 123 Winthrop
Date June 10, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop (see Winthrop
(Cemetery) (City or town) DATE OF BURIAL June 10/24

19 UNDERTAKER Walter T. Mute ADDRESS Winthrop

Official position, Health Officer Date of issue of permit 6/10/24 Permit No. 1748

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Lumber — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-meningitis*; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualifed, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., or (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatoid), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tromia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____
City or Town Winthrop Boston No. _____ St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joshua Clark Small
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 17 Tewksbury St., 3 Ward. _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a If married, widowed or divorced HUSBAND of Lelara C. Small (or) WIFE of _____6 AGE Years 63 Months 7 Days 13 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Custodian
(b) Name of employer _____8 BIRTHPLACE (City) Auburn
(State or country) Maine9 NAME OF FATHER Joshua Small10 BIRTHPLACE OF FATHER (City) Maine
(State or country)11 MAIDEN NAME OF MOTHER Cwis Mitchell12 BIRTHPLACE OF MOTHER (City) Maine
(State or country)13 Informant W. L. C. Small
(Address) 17 Tewksbury St. - Malden14 Filed June 18, 1924
(Month) (Day) (Year) REGISTRAR _____20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniel
9475

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 11, 1924
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from June 1, 1924, to June 11, 1924, that I last saw him alive on June 4, 1924, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:
Cancer of face
(duration) 2 yrs. _____ mos. _____ ds.CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ FOR WHAT? _____ Date of no

Was there an autopsy? _____ If Under One Year, Was Baby Breast Fed _____

What test confirmed diagnosis? _____

(Signed) C. T. Mulhoney, M. D.(Address) 386 Winthrop St.Date June 12, 1924
(Month) (Day) (Year)18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cemetery Winthrop DATE OF BURIAL June 13
(Cemetery) (City or town)19 UNDERTAKER Walter T. White Winthrop ADDRESS _____Official position Health Officer Date of issue of permit 6/12/24 Permit NO. 749

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Stationary Compositor, Architect, Locomotive engineer, Civil engineer, Physician, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*. (a) *Salesman*; (b) *Grocery*; (a) *Foreman*; (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name *First*, the disease causing death always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem*, etc.; *Carcinoma, Sarcoma*, etc.; "....." (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congential," "Senile," etc.), "Dropsy," "Eclampsia," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body... until he has received a permit from the board of health or its agent... or... shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate... The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. _____
City or Town Winthrop Boston No. 89 Marshall St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lercille Vitale
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 89 Marshall St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 20

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bookkeeper
(b) Name of employer _____

8 BIRTHPLACE (City) Boston
(State or country) Mass

9 NAME OF FATHER Salvatore

10 BIRTHPLACE OF FATHER (City) Italy
(State or country) _____

11 MAIDEN NAME OF MOTHER Rachel Pugliese

12 BIRTHPLACE OF MOTHER (City) Italy
(State or country) _____

13 Informant Salvatore Vitale
(Address) 89 Marshall St

14 Filed June 18, 1924
(Month) (Day) (Year) REGISTERAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or trans't permit was issued M. Danis

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 11, 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 14, 1924, to June 11, 1924, that I last saw her alive on June 9, 1924 and that death occurred, on the date stated above, at 11:30 P m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. 3 mos. _____ ds.

CONTRIBUTORY Salmonellosis
(SECONDARY) [Type IV] Apr 14 - 24
(duration) _____ yrs. _____ mos. 10 ds.

17 Where was disease contracted if not at place of death? _____ FOR WHAT?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Bacteriological
(Signed) Owll & Johnson, M.D.
(Address) Wentworth Mass
Date June 13, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden
(Cemetery) (City or town) DATE OF BURIAL June 18, 1924

19 UNDERTAKER Michael J. Porcella ADDRESS 10 Bennett

Official position Health Officer Date of issue of permit June 13, 1924 Permit No. 751

WHILE IN PRINT, WITH CORRECTING FLASK OR INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphleria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningis* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestion," "Sple" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "P^{ER}-P^{ER}NA^L S^{EP}TICEMIA," "P^{ER}IP^{ER}ITON^{IC} S^{EP}TICEMIA," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "p^{ri}-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 45, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . The shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Winthrop No. 224 Lincoln St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Marsh
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 224 Lincoln St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a If married, widowed or divorced HUSBAND of (or) WIFE of William S.
6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 66

15 DATE OF DEATH June 12 1924
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1924, to June 12, 1924, that I last saw him alive on June 12, 1924, and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here _____
7 OCCUPATION OF DECEASED at home
(a) Trade, profession, or particular kind of work
(b) Name of employer

Cerebral Haemorrhage
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Arterio-sclerosis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (City) St. Johns
(State or country) Newfoundland

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? _____
(Signed) C. J. Mahoney M. D.
(Address) 356 Winthrop St.
Date June 12 1924
(Month) (Day) (Year)

PARENTS
9 NAME OF FATHER Anthony Murphy
10 BIRTHPLACE OF FATHER (City) Newfoundland
(State or country)
11 MAIDEN NAME OF MOTHER Mary F. Lannigan
12 BIRTHPLACE OF MOTHER (City) Newfoundland
(State or country)

13 Informant William Marsh
(Address) 224 Lincoln St.

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop DATE OF BURIAL June 14 1924
(Cemetery) (City or town)

14 Filed June 18 1924
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels Health Officer Date of issue of permit 6.3/24 Permit NO. 750

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of all such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Wintrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. _____
City or Town Wintrop Boston No. 78 Highland Ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Josephine C Waitt
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 78 Highland Ave Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a If married, widowed or divorced HUSBAND of (or) WIFE of Albert Waitt
6 AGE Years 56 Months X Days X If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At. Home
(b) Name of employer

8 BIRTHPLACE (City) Ireland
(State or country)

9 NAME OF FATHER Jeremiah McLaughly

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Catherine Sullivan

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Miss C. Waitt
(Address) 78 Highland Ave

14 Filed June 18, 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 14 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 3, 1924, to June 14, 1924, that I last saw her alive on June 13, 1924, and that death occurred, on the date stated above, at 7.50 m. The CAUSE OF DEATH was as follows:

Diabetes Mellitus

(duration) 6 weeks ds.

CONTRIBUTORY Chronic Endocarditis
(SECONDARY) about 1/2 yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? _____ FOR WHAT? _____
Did an operation precede death? _____ Date of _____

Was there an autopsy? Yes If Under One Year, Yes Body Braxst Fed

What test confirmed diagnosis? sp. of amyloid signs
(Signed) Fred. H. Andrews M. D.
(Address) 94 Beach St. Boston
Date June 15, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Walworth Ave Waltham
(Cemetery) (City or town) DATE OF BURIAL June 17, 1924

19 UNDERTAKER Mr. W. A. Thomas ADDRESS Newton

Official position Health Officer Date of issue of permit 6/16/24 Permit NO. 752

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic tubular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *28 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbemia," "Anemia" (mere symptomatoid), "Atrophy," "Collapse," "Oma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Wentworth

No.

112 Hermon St

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Isabelle Sterling Webster Dyer

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

112 Hermon

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

37 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDDED, OR
DIVORCED (write the word)*Married*

5a If married, widowed or divorced

HUSBAND OF
(or) WIFE of*George W. Dyer*

6 AGE

Years
*69*Months
*1*Days
*2*If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Housewife*

(b) Name of employer

8 BIRTHPLACE (City)

Conway

(State or country)

*N. H.*9 NAME OF
FATHER*William Webster*10 BIRTHPLACE OF
FATHER (City)*Conway*

(State or country)

*N. H.*11 MAIDEN NAME
OF MOTHER*Sarah Fessenden*12 BIRTHPLACE OF
MOTHER (City)*Frimburg*

(State or country)

me

13

Informant

Geo. W. Dyer

(Address)

112 Hermon St. Wentworth

14

Filed

June 26, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued*H. C. Daniels*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June
(Month)*18*
(Day)*1924*
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

January 3, 1924, to June 18, 1924,

that I last saw her alive on

*June 18, 1924*and that death occurred, on the date stated above, at *10.30 a.m.*

The CAUSE OF DEATH was as follows:

*Myocarditis and
Chronic Valvular Heart Disease*

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date of ____Was there an autopsy? *no*What test confirmed diagnosis? *physical exam. & symptoms*

(Signed)

Sallie E. Saunders, M. D.

(Address)

32 Woodside Park, W. Wentworth, Mass

Date

June 18, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Wentworth

(Cemetery)

Wentworth

(City or town)

DATE OF BURIAL

June 20, 1924

19 UNDERTAKER

Chas. R. Bennett

ADDRESS

*Mass
Wentworth*Official
position*Health Officer*Date of
issue
of permit*6/20/24*Permit
NO.*753*

N. B. - WHITE LABEL, WITH CONTINUING BLACK STRIP THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*; *Compositor*; *Architect*; *Locomotive engineer*; *Civil engineer*; *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*; (b) *Grocery*; (a) *Foreman*; (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Woburn
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____

City or Town *Woburn* No. *185 Circuit Rd* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Henry Christopher Kalish*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *185 Circuit Rd* St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *8* years *X* months *X* days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5a If married, widowed or divorced HUSBAND of *Lena B. (deceased)* (or) WIFE of _____

6 AGE Years *60* Months *8* Days *6* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Retired* (b) Name of employer _____

8 BIRTHPLACE (City) *Chelsea* (State or country) *Mass*

9 NAME OF FATHER *John Kalish Leisch*

10 BIRTHPLACE OF FATHER (City) *Germany* (State or country) _____

11 MAIDEN NAME OF MOTHER *Maryquela Deusch*

12 BIRTHPLACE OF MOTHER (City) *Germany* (State or country) _____

13 Informant *Carle E Kalish* (Address) *185 Circuit Rd Woburn*

14 Filed *June 26 1924* (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *L. P. Daniels*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *June 18 1924* (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *June 12th*, 19*24* to _____, 19____, that I last saw him alive on *June 07th*, 19*24*, and that death occurred, on the date stated above, at *June 12 A.M.* The CAUSE OF DEATH was as follows:

Angina Pectoris
Angina Pectoris
_____ (duration) _____ yrs. _____ mos. *1* ds.

CONTRIBUTORY *Indigestion* (SECONDARY) _____ (duration) _____ yrs. _____ mos. *1* ds.

17 Where was disease contracted if not at place of death? _____ Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis? *Usual stomach stabbing* (Signed) *Dr. A. J. Seltzer* (Address) *15 Princeton St. Boston* (Date) *June 18 1924* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Woodlawn* (Cemetery) *Woburn* (City or town) DATE OF BURIAL *June 20/24*

19 UNDERTAKER *C. R. Bonner* ADDRESS *Woburn*

Official position *Health Officer* Date of issue of permit *6/20/24* Permit No. *754*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Porter," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonitis, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Premia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bed-side care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably** due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Windsor
Boston

No. 374 Shurley

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Catherine Hilly

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 374 Shurley

St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 28 years - months - days.

How long in U. S., if of foreign birth? 50 years - months - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James C Hilly

6 AGE

71

Years

Months

Days

If LESS than

Unknown

?

?

1 day, .. hrs. or .. min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Home

(b) Name of employer

8 BIRTHPLACE (City)

Bundoran

(State or country)

Co. Donegal, Ireland

9 NAME OF FATHER

James Hilly McBrearty

10 BIRTHPLACE OF FATHER (City)

Bundoran

(State or country)

Co. Donegal, Ireland

11 MAIDEN NAME OF MOTHER

Catherine O'Blane

12 BIRTHPLACE OF MOTHER (City)

Bundoran

(State or country)

Co. Donegal, Ireland

13

Informant

Charles J. Hilly, Son

(Address)

21 Sherwood St Roslindale

14

Filed

June 26, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

27-18

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 20 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 15 1924, to June 20 1924.
that I last saw him alive on June 19 1924.

and that death occurred, on the date stated above, at 7.10 P. M.

The CAUSE OF DEATH was as follows:

Cerebral Embolism

(duration) yrs. mos. ds. 6

CONTRIBUTORY (SECONDARY)

Endocarditis.

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? ~~no~~ Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

C. F. Mahoney

M.D.

(Address)

356 Windsor St

Date

June 21 1924

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Calvary Roslindale June 22/24
(Cemetery) (City or town)

DATE OF BURIAL

19 UNDERTAKER

Lewis H. Adams

ADDRESS

Roslindale

Official position

Date of issue

6/21/24

Permit

No. 755

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Landscape engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Caul mite*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, child birth, convulsions, hemorrhage, gangrene, gas, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, whom last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

X months

X days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13 Informant

(Address)

14 Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

21

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 21, 1924, to June 21, 1924,
that I ~~had~~ ^{never} saw her alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Still born

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) R. B. Parker, M. D.

(Address) Wintthrop Mass

Date June 22, 1924.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Wintthrop Wintthrop
(Cemetery) (City or town)

DATE OF BURIAL

June 23/24

19 UNDERTAKER

C.R. Cannon -

ADDRESS

Wintthrop

Official
position

Health officer

Date of
issue
of permit

6/23/24

Permit
NO.

757

PHYSICIANS should state CAUSE OF DEATH EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Commissioner, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. *See examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing *DEATH*, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing *DEATH* (the primary affection with respect to time and causation), using always the same accepted term for the same disease. *Example: Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem*, etc.; *Carcinoma, Sarcoma*, etc.; *Of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. *Example: Measles* (disease causing death), *29 ds; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (nearly synonymous), "Atrophy," "Collapse," "Goma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hæmation," "Marasmus," "Old age," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: *Abortions, cellulitis, erysipelas, convulsions, hemorrhage, Gangrene, gastritis, chylæmia, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.*

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

PHYSICIANS should state CAUSE OF DEATH EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 1162
City or Town Boston No. 6 Loring Road Winthrop St., 6 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edna Irene Hagman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 6 Loring Road Winthrop Ward. 6
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 years 0 months 0 days. How long in U. S., if of foreign birth? 15 years 0 months 0 days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

15 DATE OF DEATH June 21 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -

16 I HEREBY CERTIFY, That I attended deceased from June 12, 1924, to June 21, 1924, that I last saw her alive on June 21, 1924, and that death occurred, on the date stated above, at 12:20 A m.

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
17 3 9

The CAUSE OF DEATH was as follows:
Acute myocarditis

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

(duration) yrs. mos. ds.

8 BIRTHPLACE (City)

East Boston

(State or country)

CONTRIBUTORY (SECONDARY) Erysipelas
(duration) yrs. mos. 8 ds.

9 NAME OF FATHER

Erick A. Hagman

10 BIRTHPLACE OF FATHER (City)

Sweden

(State or country)

17 Where was disease contracted if not at place of death? FOR WHAT?

11 MAIDEN NAME OF MOTHER

Emily A. Fargestid

12 BIRTHPLACE OF MOTHER (City)

Sweden

(State or country)

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis? (Signed) R. B. Parker, M.D.

(Address) Winthrop
Date June 22 1924
(Month) (Day) (Year)

13 Informant

Erick A. Hagman

(Address) 6 Loring Road Winthrop

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Cemetery

(Cemetery) (City or town)

DATE OF BURIAL

June 23rd 1924

14 Filed

June 26, 1924

(Month) (Day) (Year)

REGISTRAR

19 UNDERTAKER

Richard L. Tuttle East Boston.

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Danahy

Official position Health Officer Date of issue of permit 6/23/24 Permit No. 756

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil Engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer — Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningitis, peritonitis, etc.; Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary). 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia" (nearly synonymous), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inflammation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State causes for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Dr. Parker 148 Winthrop Street, Winthrop

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — Gen. Laws, Chap. 49, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate, required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — Gen. Laws, Chap. 58, Sec. 6.

. . . I shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 58, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

1924,

BOSTON

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 5572
 (Place of death)
 City or Town Boston No. HARLEY HOSPT. Registered No. _____
 (Place of residence)
 St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

HOWARD ARVEDON

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 332 SHIRLEY St. _____
 (Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6 AGE Years Months Days if LESS than 1 day, hrs. or min.
10

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) Name of employer

8 BIRTHPLACE (city or town) BOSTON
 (State or country)

9 NAME OF FATHER SAMUEL
 10 BIRTHPLACE OF FATHER (city or town) BOSTON
 (State or country)
 11 MAIDEN NAME OF MOTHER SADIE MARGET
 12 BIRTHPLACE OF MOTHER (city or town) RUSSIA
 (State or country)

13 Informant S. ARVEDON

(Address) 332 Shirley St. W. W. H. Bldg.

14 Filed JUNE 26, 1924 E. W. M. Glenen
 Registrar of city or town where death occurred

Filed 7/1/24, 1924
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JUNE 23, 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
JUNE 13, 1924, to JUNE 23, 1924

that I last saw h 1M alive on JUNE 23, 1924,

and that death occurred, on the date stated above, at 6, 20P m.

The CAUSE OF DEATH was as follows:

GENERAL SEPTICAEMIA FOL; CIRCUM-
CISION

(duration) yrs. mos. 5 ds.

CONTRIBUTORY INANITION
 (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
 if not at place of death? YES

Did an operation precede death? YES Date of JUNE 18, 24

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. T. MOULTON, M.D.

(Address)

Date JUNE 24
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WOBURN (PRIDE OF BOSTON)

(Cemetery) (City or town)

DATE OF BURIAL

JUNE 24

1924

19 UNDERTAKER

MANUEL STANETSKY

ADDRESS

Boston

so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of sex. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planer*. *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia?"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs* (name *lobes*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Stema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Dronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phibobitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS
 GOVERNING THE
 RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Winthrop No. 2 Terrace Ave St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Luther Taylor Harrington
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 2 Terrace Ave St., _____ Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 40 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Hattie E. Harrington

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
76 years 2 1

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work General
(b) Name of employer None

8 BIRTHPLACE (City) Claremont
(State or country) N.H.

9 NAME OF FATHER Luther Harrington

10 BIRTHPLACE OF FATHER (City) Claremont
(State or country) N.H.

11 MAIDEN NAME OF MOTHER Mary *unavailable answer*

12 BIRTHPLACE OF MOTHER (City) Claremont
(State or country) N.H.

13 Informant Luther E. Harrington
(Address) 2 Terrace Ave Winthrop

14 Filed June 26, 1924
(Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H.C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 6 23 24
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 6/1, 1924, to 6/23, 1924,
that I last saw h i alive on 6/22, 1924,
and that death occurred, on the date stated above, at 7:30 a.m.
The CAUSE OF DEATH was as follows:

Acute dilatation of heart
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY General Arterio Sclerosis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) J. Harvey G. Kelly, M. D.
(Address) 200 Cleveland
Date 6 24 24
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Andrew's Church
(Cemetery) (City or town) DATE OF BURIAL June 25/24

19 UNDERTAKER Walter T. White ADDRESS Winthrop

Official Health officer Walter T. White Date of issue of permit 6/25/24 Permit NO. 758

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., "..... (name origin), "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Echthyma," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46B, Sec. 9.*

No undertaker or other person shall bury a human body... until he has received a permit from the board of health or its agent.... or... from the clerk of the town where the person died.... No such permit shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.... The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass Registered No. _____ (City or town)
 City or Town Winthrop No. 178 Hermon St. St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert L'Heureux
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. 178 Hermon St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and state)
 Length of residence in city or town where death occurred years _____ months _____ days _____
 How long in U. S., if of foreign birth? years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced HUSBAND OF (or) WIFE of _____

6 AGE Years _____ Months _____ Days 7 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) Name of employer _____

8 BIRTHPLACE (City) Winthrop
 (State or country) Mass

9 NAME OF FATHER Amos
 10 BIRTHPLACE OF FATHER (City) Milton
 (State or country) Canada
 11 MAIDEN NAME OF MOTHER Mary Hart
 12 BIRTHPLACE OF MOTHER (City) England
 (State or country) _____

13 Informant A. L'Heureux
 (Address) 178 Hermon St

14 Filed June 26, 1924
 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 24 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 17, 1924, to June 24, 1924, that I last saw him alive on June 24, 1924, and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH was as follows:
Inanition
Open foramen ovale
foramen

(duration) _____ yrs. _____ mos. 6 ds.
 CONTRIBUTORY Pyloric stenosis
 (SECONDARY) (duration) _____ yrs. _____ mos. 6 ds.

17 Where was disease contracted if not at place of death? _____
 Did an operation precede death? no Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis?
 (Signed) No. 106 J. Soule M. O.
 (Address) 150 W. Winthrop St. Winthrop
 Date June 25 1924
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
 (Cemetery) (City or town) DATE OF BURIAL 6/35/24

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop
 Official position Health Officer Date of issue permit 6/25/24 Permit NO. 759

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meringes*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meadles*, *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meadles* (disease causing death), *29 ds*, *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Comental," "Semi," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 35)

County Suffolk State Mass Registered No. _____
City or Town Wrentham - Community Hospital No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Anna Goldberg

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Wrentham, 200 Shirley St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

15 DATE OF DEATH June 28 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

Multiple injuries including internal damage, caused by a motor vehicle accident.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City) E. Boston, Mass.
(State or country)

(See reverse side for description for unknown person)

9 NAME OF FATHER Samuel Goldberg

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

17 Where was injury sustained if not at place of death?
(Signed) Leop. Dungen Maguire M.D.

11 MAIDEN NAME OF MOTHER Tillie Berger

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

(Address) _____
Medical Examiner for Suffolk
Date June 29 1924
(Month) (Day) (Year)

13 Informant T. Goldberg
(Address) 200 Shirley St.

18 PLACE OF BURIAL, CREMATION, or REMOVAL Mt. Zion Cem. Melrose
(Cemetery) (City or town) DATE OF BURIAL _____
(Month) (Day) (Year)

14 Filed July 3, 1924
(Month) (Day) (Year) REGISTRAR _____

19 UNDERTAKER Samuel Stanchy ADDRESS Roxton

20 Burial permit issued by may Official position _____

JUN 30 Date of issue 1924 Permit No. 15817

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.— *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

.....
.....
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.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan 28, 1912

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County *Suffolk*

State *Mass*

Registered No.

City or Town *Wentworth*

No. *54 Clifflare*

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Ellen Ashley*

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No. *54 Clifflare*

St., Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred *16* years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*

4 COLOR OR RACE *White*

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*

5a If married, widowed or divorced

HUSBAND of *Alfred Ashley "deceased"*
(or) WIFE of

6 AGE

Years *72*

Months *2*

Days *6*

If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at Home*

(b) Name of employer

8 BIRTHPLACE (City)

Dover Newk

(State or country)

England

9 NAME OF FATHER *Thomas. Morris*

10 BIRTHPLACE OF FATHER (City)

England

(State or country)

11 MAIDEN NAME OF MOTHER *Ellen Carpenter*

12 BIRTHPLACE OF MOTHER (City)

England

(State or country)

13

Informant *Daughter (Mrs) Melle A. Clough*

(Address) *54 Clifflare Wentworth*

14

Filed *7-9-24*

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July
(Month)

3
(Day)

24
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 24, 19*24*, to *July 3*, 19*24*,

that I last saw him alive on *July 3*, 19*24*,

and that death occurred, on the date stated above, at *11 P* m.

The CAUSE OF DEATH was as follows:

Obstetrical Hemorrhage

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY *General Anterior Sclerosis*
(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? *-*

Did an operation precede death? *-* Date of *-*

Was there an autopsy? *-*

What test confirmed diagnosis? *-*

(Signed) *Harvey Ashley*, M. D.

(Address) *200 Pleasant St*

Date *July*

4
(Month)

24
(Day)

1924
(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn
(Cemetery)

Everett
(City or town)

DATE OF BURIAL

July 6/24

19 UNDERTAKER

C R Bennett

ADDRESS

Wentworth Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
9. X

Official position *Health Officer*

Date of issue of permit *7/5/24*

Permit NO. *761*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Example: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic tubercular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Erythema," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winsted
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Winsted* No. *Winsted Community - 40/100* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *James William Davis*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *70 Bowdoin* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *42* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widower*

5a If ~~married~~, widowed or divorced HUSBAND of *Mary Edwards - Deane* (or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
70 *8* *7*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Engineer*
(b) Name of employer *B.R.B. & L. R.R. Boston*

8 BIRTHPLACE (City) *Medford*
(State or country) *Mass*

9 NAME OF FATHER *James Davis*

10 BIRTHPLACE OF FATHER (City) *Unable to obtain*
(State or country)

11 MAIDEN NAME OF MOTHER *Elyabet - Unknown*

12 BIRTHPLACE OF MOTHER (City) *Unable to obtain*
(State or country)

13 Informant *Bessie M. Glover (Daughter)*
(Address) *70 Bowdoin St Winsted Mass*

14 Filed *7-9-24*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *July 3 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 1922, to *July 3*, 1924
that I last saw him alive on *July 3*, 1924
and that death occurred, on the date stated above, at *12 noon*
The CAUSE OF DEATH was as follows:
Hemiplegia (Left)
Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. $\frac{1}{2}$ ds.
CONTRIBUTORY *Arterio-sclerosis*
(SECONDARY) *Renal* (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis? *Clinical*
(Signed) *Orville E. Johnson M. D.*
(Address) *123 Winsted*
Date *July - 4 - 1924 Winsted*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Oak Grove Medford*
(Cemetery) (City or town) DATE OF BURIAL *July 5/24*

19 UNDERTAKER *O R Bonner* ADDRESS *Winsted*

Official position *Health Officer* Date of issue of permit *7/5/24* Permit NO. *760*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Commissioner*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm; *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Assthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Drema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Suffolk State MASSACHUSETTS. Registered No. _____
Township Winthrop or Village _____ or _____
City _____ No. Station Hospital, Fort Banks, Mass., St., Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Dwyer Hubbard
(a) Residence. No. Fort Strong, Mass. St., _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------------|-----------------------------|---|
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>W</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
|----------------------|-----------------------------|---|

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1906

| | | | | |
|-------|-----------|----------|-----------|--|
| 7 AGE | Years | Months | Days | If LESS than 1 day, ---- hrs. or ---- min. |
| | <u>17</u> | <u>7</u> | <u>26</u> | |

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Soldier
(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Army
(c) Name of employer _____

9 BIRTHPLACE (city or town) Guildhall
(State or country) Vermont

| | |
|---------|--|
| PARENTS | 10 NAME OF FATHER <u>Ernest A. Hubbard</u> |
| | 11 BIRTHPLACE OF FATHER (city or town) <u>Guildhall</u> (State or country) <u>Vermont</u> |
| | 12 MAIDEN NAME OF MOTHER <u>Nellie Josephine Dwyer</u> |
| | 13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) <u>Ireland</u> |

14 Informant Ernest A. Hubbard
(Address) 6. Court St., Boston, Mass.

15 Filed 7/9/24, 1924
REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1924

17 I HEREBY CERTIFY, That I attended deceased from
July 4, 1924, to July 4, 1924,
that I last saw him alive on July 4, 1924,
and that death occurred, on the date stated above, at 8:30 P.m.
The CAUSE OF DEATH* was as follows:

Gastric hemorrhage, severe
pulmonary oedema

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY reaction following typhoid
inoculation (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted _____
if not at place of death? Fort Strong, Mass.

Did an operation precede death? No Date of _____
Was there an autopsy? Yes

What test confirmed diagnosis? pathological findings
(Signed) R. W. Murray, Major, M. C., M. D.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Guildhall vt DATE OF BURIAL 7 8 24 1924

20 UNDERTAKER C R Bennett ADDRESS Winchester

H. C. Daniels Health Officer 7/21/24 762

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer;" "Foreman," "Manager;" "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Straw*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County Suffolk State MASSACHUSETTS. Registered No. _____
 Township Winthrop or Village _____ or _____
 City _____ No. Station Hospital, Fort Banks, Mass. St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Ruth McCormack (Stillborn)

(a) Residence. No. 42 Waverly St., Roxbury, Mass. St., _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) June 5, 1924.

7 AGE Years Months Days If LESS than 1 day, -0 hrs. or -0 min.
X X >

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Winthrop, Mass.
 (State or country) Pook Hospital

10 NAME OF FATHER Robert McCormack

11 BIRTHPLACE OF FATHER (city or town) Morristown
 (State or country) New York

12 MAIDEN NAME OF MOTHER Lena Viola Thomas

13 BIRTHPLACE OF MOTHER (city or town) Providence
 (State or country) Rhode Island

14 Informant Robert McCormack
 (Address) 42 Waverly St., Roxbury, Mass.

15 Filed 7/9/24, 19 _____

II-3184

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6, 1924

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1924, to July 5, 1924

that I last saw him alive on _____, 19____,

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Stillborn

Breech presentation with hydrocephalus

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) T. Roy W. Layton, M. D.

7/6, 1924 (Address) Station Hospital, Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop Winthrop July 8, 1924

20 UNDERTAKER

ADDRESS

Chas. R. Bennett Winthrop

H. C. Daniels Health Officer 714 24 764

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

10 July 30, 1924

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The nomenclature worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc. *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probable suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, eclampsia, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

BOARD OF HEALTH PHYSICIAN'S CERTIFICATE OF DEATH

To be used only in case there is no attending physician or if for sufficient reason the attending physician's certificate cannot be obtained early enough for the purpose of granting a burial permit, as provided by Revised Laws, Chapter 78, Section 38.

1 PLACE OF DEATH

County Suffolk State Mass Registered No. _____
City _____ No. 70 Prospect Ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Eliza Olivia Sabine
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 70 Prospect Ave. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 2 years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) June 26

7 AGE Years _____ Months 0 Days 11 If LESS than 1 day, hrs. or mo.
If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) Coventry
(State or country) Vermont

10 NAME OF FATHER Dennis Sabine
11 BIRTHPLACE OF FATHER (city or town) Bringington
(State or country) Vermont
12 MAIDEN NAME OF MOTHER Lucy Stern
13 BIRTHPLACE OF MOTHER (city or town) Stamstead
(State or country) P. Quebec

14 Informant Jas F Rollins
(Address) 70 Prospect Ave Winstock

15 Filed Jul. 9, 1924
(Month) (Day) (Year) REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July - 6 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I have ascertained the nature of the disease from which the person above-named died, and that the CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH. (See reverse side for additional space and instructions.)

Natural cause, probably
Chronic Myocarditis
(duration) 3 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Personal observation
(Signed) R. B. Parker, M.D.
(Address) Winstock Board of Health.
Date July 7, 1924.
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winstock - Winstock DATE OF BURIAL 7/9 1924

20 UNDERTAKER Chas R Bennett ADDRESS Winstock

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician and the date of his death. . . .—*Revised Laws, Chap. 29, Sects. 10 and 1, as amended by Acts of 1910, Chap. 932.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, or a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk or registrar may require. —*Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. —*Revised Laws, Chap. 24, Sec. 8.*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons **found dead**.

Notice to Undertakers: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. —*Revised Laws, Chap. 24, Sec. 20.*

Statement of Cause of Death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc.; *Carcinoma, Sarcoma*, etc., of . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Aemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Comatose," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for a rich surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Wintthrop* No. *395 Shirley St.* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Mary D. Cronan* (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence, No. *395 Shirley* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *10* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years *49* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *at home* (b) Name of employer _____

8 BIRTHPLACE (City) *Malden* (State or country) *Mass*

9 NAME OF FATHER *John Cronan*

10 BIRTHPLACE OF FATHER (City) *Deland* (State or country) _____

11 MAIDEN NAME OF MOTHER *Margaret Sullivan*

12 BIRTHPLACE OF MOTHER (City) *Deland* (State or country) _____

13 Informant *Miss Etta Cronan* (Address) *395 Shirley St. Malden*

14 Filed *Jul 21-1924* (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniel*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *July 8 1924* (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *June 29*, 19*24*, to *July 8*, 19*24*, that I last saw h. *in* alive on *July 8*, 19*24*, and that death occurred, on the date stated above, at *11:20 P.* m. The CAUSE OF DEATH was as follows:

Carcinoma of liver

(duration) *1* yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? _____

(Signed) *C. J. Mulvaney* M. D.

(Address) *306 Wintthrop St.*

Date *July 10 1924* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *St. Marys. Malden* DATE OF BURIAL *July 11 24* (Cemetery) (City or town)

19 UNDERTAKER *W. J. Cronan* ADDRESS *Malden*

Official position *Health officer* Date of issue of permit *7/10/24* Permit NO. *765*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the person caring DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Convulsion," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until these shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 39, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. _____ (City or town)
City or Town Winthrop No. 109 Circuit Rd. St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Spaulding A. Foote (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 109 Circuit Rd. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Florence

6 AGE Years 26 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Bookkeeper. (b) Name of employer _____

8 BIRTHPLACE (City) St Albans (State or country) Vt.

9 NAME OF FATHER Francis H.
10 BIRTHPLACE OF FATHER (City) Puttou (State or country) Quebec.
11 MAIDEN NAME OF MOTHER Frances Lynch.
12 BIRTHPLACE OF MOTHER (City) Montreal. (State or country) _____

13 Informant John Foote (Address) 109 Circuit Rd

14 Filed July 21, 1924 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 11, 1924 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1923, to July 11, 1924, that I last saw him alive on July 4, 1924, and that death occurred, on the date stated above, at 7:30 P. m. The CAUSE OF DEATH was as follows: Medial Tuberculosis

(duration) _____ yrs. 2 mos. _____ ds.
CONTRIBUTORY _____ (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? yes Date of Dec 18-23
Was there an autopsy? no
What test confirmed diagnosis? _____ (Signed) Haney Gately M. D. (Address) 200 V. Levesque St. Date July 11, 1924 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town) DATE OF BURIAL 7/14/24

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop

Official position Health Officer Date of issue of permit 7/12/24 Permit NO. 766

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Artistical, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"), *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indistinct); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Edema," "Heart failure," "Hemorrhage," etc.), "Inflammation," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 93, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass.* Registered No. _____

City or Town *Wentworth* No. *Wentworth Hospital* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Barbara Eleanor Winn*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *42 Palmyra* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months *6* Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) *Wentworth, Mass*
(State or country)

9 NAME OF FATHER *Howard A. Winn*

10 BIRTHPLACE OF FATHER (City) *Grand Island*
(State or country) *Nebraska*

11 MAIDEN NAME OF MOTHER *Jessie A. Roberts*

12 BIRTHPLACE OF MOTHER (City) *Somerville*
(State or country) *Mass*

13 Informant *Howard A. Winn*
(Address) *12 Palmyra St. Wentworth, Mass*

14 Filed *July 21 1924*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *July 15 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *July 13*, 1924, to *July 15*, 1924, that I last saw her alive on *July 15*, 1924, and that death occurred, on the date stated above, at *10:15 P.* m. The CAUSE OF DEATH was as follows:

Acute Appendicitis

(duration) _____ yrs. _____ mos. *5* ds.

CONTRIBUTORY *Peritonitis*
(SECONDARY)

(duration) _____ yrs. _____ mos. *1* ds.

17 Where was disease contracted if not at place of death? *at home.*

Did an operation precede death? *Yes* Date of *July 15/24*

Was there an autopsy? *No*

What test confirmed diagnosis? *Personal Abstinence*
(Signed) *R. B. Parker*, M. D.

(Address) *Wentworth Mass*
Date *July 16 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Wentworth* *Wentworth*
(Cemetery) (City or town) DATE OF BURIAL *7/17/24*

19 UNDERTAKER *C. R. Benson* ADDRESS *Wentworth*

Official position *Health Officer* Date of issue of permit *7/17/24* Permit NO. *767*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Calton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc.; *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registrar from a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Winthrop No. 116 Bowdon St. St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Male Baby Dabrymple
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 116 Bowdon St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred X years X months X days. X How long in U. S., if of foreign birth? X years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a If married, widowed or divorced HUSBAND of _____ (or) WIFE of _____
6 AGE Years _____ Months Still Born Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

9 NAME OF FATHER Arthur Dabrymple

10 BIRTHPLACE OF FATHER (City) Lower Salma
(State or country) M. S.

11 MAIDEN NAME OF MOTHER Margaret M. McEherson

12 BIRTHPLACE OF MOTHER (City) P. E. Island
(State or country) _____

13 Informant Arthur Dabrymple
(Address) 116 Bowdon St. Winthrop

14 Filed July 21, 1924
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 17 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h _____ alive on _____ and that death occurred, on the date stated above, at 1.30a m. The CAUSE OF DEATH was as follows:

Still born

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____
Was there an autopsy? _____

What test confirmed diagnosis? _____
(Signed) J. B. Parker M. O. _____
(Address) Winthrop Mass
Date July 18 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town) DATE OF BURIAL 7/19/24

19 UNDERTAKER C. P. Dennis ADDRESS Winthrop

Official position Health Officer Date of issue of permit 7/19/24 Permit NO. 768

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be only when needed. As examples: (a) *Spinner, (b) Cotton mill*; (a) *Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory*. The maternal worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PURPERAL septicæmia," "PERINEURAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information as which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposablely due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

BOARD OF HEALTH PHYSICIAN'S CERTIFICATE OF DEATH

To be used only in case there is no attending physician or if for sufficient reason the attending physician's certificate cannot be obtained early enough for the purpose of granting a burial permit, as provided by Revised Laws, Chapter 78, Section 38.

1 PLACE OF DEATH

County State Registered No.
City Winthrop No. 47, Tewksbury St., Ward
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME

Louis H. Hynes
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 47 Tewksbury St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Hynes

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
61 10 —
If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clothing Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

10 NAME OF FATHER Vigdor Hynes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Blanch (unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Mrs. Frances Blank (Address) 1385 Commonwealth Ave Boston

15 Filed July 21 - 1924 (Month) (Day) (Year) REGISTRAR M. J. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 18 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I have ascertained the nature of the disease from which the person above-named died, and that the CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH. (See reverse side for additional space and instructions.)

Natural Cause.
Probably Heart Disease
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? (Signed) Raymond B. Parker M.D. (Address) Winthrop Board of Health. Date July 19 1924 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Cheva Kadusha Montvale Mass DATE OF BURIAL July 20 1924

20 UNDERTAKER Mayer Salomon & Sons ADDRESS 580 Blue Hill Ave. Rox. Mass.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(769)

7/19/24 769

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the International classification of causes of death, where contracted, the duration of his last illness, when last seen alive by the physician and the date of his death. — *Revised Laws, Chap. 29, Sects. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 98.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons **found dead**.

Notice to Undertakers: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

Statement of Cause of Death. — Name, **Age**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia, unqualified, is indefinite"); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mastitis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mastitis* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.); "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal splenemia," "Puerperal peritonitis," etc. State cause for each surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Sprue by railway train* — *accident*; *Revolver wound of head* — *homicide*; *Poisoned by carbonic acid* — *probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Wintthrop No. Wintthrop Hospital St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel Livingworth Sharpe
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 54 Highland ave St., _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 6 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
5a If ~~married~~ widowed or divorced HUSBAND of Mary Elizabeth Sharpe (or) WIFE of Deceased
6 AGE Years 88 Months 6 Days 22 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired machanic
(b) Name of employer _____

8 BIRTHPLACE (City) (unable to obtain)
(State or country)

9 NAME OF FATHER Charles E. Sharpe

10 BIRTHPLACE OF FATHER (City) Hyannis
(State or country) Mass

11 MAIDEN NAME OF MOTHER Cecelia Snow

12 BIRTHPLACE OF MOTHER (City) Hyannis
(State or country) Mass

13 Informant Minnie F. McGoonegal
(Address) 54 Highland ave Wintthrop

14 Filed July 21, 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 18 24
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 11, 1924, to July 15, 1924, that I last saw him alive on July 15, 1924, and that death occurred, on the date stated above, at 10¹⁵ P.M.
The CAUSE OF DEATH was as follows:

Arterio Sclerosis

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Chronic Nephritis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) Harry Aschley M. D.
(Address) 200 Pleasant
Date July 18 24
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Corn DATE OF BURIAL 7/20/24
Evergreen Burial Home (City or town)

19 UNDERTAKER C. R. Demerson ADDRESS Wintthrop

Official position Health Officer Date of issue of permit 7/19/24 Permit NO. 770

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The maternal worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been occupied or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Transition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Artifacts will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, childbirth, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate is needed.

(3) Medical examiners will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

302
 N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

1924,

BOSTON

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. **6278**
 City or Town **Boston** No. **MASS, GEN. HOSPT.** (Place of death)
 (If death occurred in a hospital or institution, give its NAME instead of street and number) Registered No. **152** Ward
 (Place of residence)

2 FULL NAME

ANNIE GINSBERG

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **411 SHIRLEY AVE.** St. **St.**
 (Usual place of abode) (If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WID.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **LOUIS**

6 AGE Years Months Days If LESS than 1 day, hrs. or mo. **67**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **HOUSEWIFE** (b) Name of employer

8 BIRTHPLACE (city or town) **RUSSIA** (State or country)

9 NAME OF FATHER **LOUIS MANTOSE**

10 BIRTHPLACE OF FATHER (city or town) **RUSSIA** (State or country)

11 MAIDEN NAME OF MOTHER **ROSE**

12 BIRTHPLACE OF MOTHER (city or town) **RUSSIA** (State or country)

13 Informant **MYER GINSBERG** (Address)

14 Filed **JULY 22, 1924** **E. W. M. Glenn** Registrar of city or town where death occurred
 Filed **Sept 30, 1924** Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JULY 18** 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **JULY 18**, 19**24**, to **JULY 18**, 1924 that I last saw **HER** alive on **JULY 18**, 1924, and that death occurred, on the date stated above, at **10.22 P.** m.

The CAUSE OF DEATH was as follows:
MITRAL STENOSIS WITH AURICULAR FIBRILLATION
 (duration) yrs. mos. ds.

CONTRIBUTORY **MULTIPLE EMBOLI** (SECONDARY) (duration) yrs. mos. **2** ds.

17 Where was disease contracted if not at place of death? Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) **C. E. WELLS** M.D.
 (Address) Date **JULY 20, 1924**
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **WOBURN (KENESSETH ISRAEL)** DATE OF BURIAL **JULY 20, 1924**
 (Cemetery) (City or town)

19 UNDERTAKER **MANUEL STANETSKY** ADDRESS

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Typhemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meselas*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meselas* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic); "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Smile," etc.); "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Commission on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give the cause of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Mass. Registered No. 1036
City or Town Wentworth-Wentley Community Hospital St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Madeline Delambelly
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 55 Fremont St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 years — months — days — How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED single (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years 8 Months 6 Days _____ If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School girl
(b) Name of employer _____

8 BIRTHPLACE (City) East Boston (State or country) Mass.

9 NAME OF FATHER Peter L. Delambelly

10 BIRTHPLACE OF FATHER (City) St. Pierre (State or country) France

11 MAIDEN NAME OF MOTHER May Fennell

12 BIRTHPLACE OF MOTHER (City) Newfoundland (State or country) Canada

13 Informant May Delambelly mother (Address) 55 Fremont St.

14 Filed July 21-24 (Month) (Day) (Year) REGISTRAR _____

20 Burial permit issued by Mcdaniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 19 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Burns of the body and extremities with associated acute nephritis and toxemia, and subsequent pneumonia, caused by the burning of clothing. (See Parker accident, July Fourth.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? _____ (Signed) George Augustus M.D. (Address) _____

Medical Examiner for Suffolk Date July 19 1924 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden (Cemetery) (City or town) DATE OF BURIAL July 22 1924 (Month) (Day) (Year)

19 UNDERTAKER James F. McShane ADDRESS 583 Broadway Chelsea 21 Date of issue July 19 24 Permit No. 780

MARGIN RESERVED FOR BINDING

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

11/11/1919
July 19-1924

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Winthrop* No. *440 Winthrop St* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Susan J. Sheerin*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *440 Winthrop* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5a If married, widowed or divorced HUSBAND of (or) WIFE of *Patrick Sheerin*
6 AGE Years *58* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Housewife*
(b) Name of employer _____

8 BIRTHPLACE (City) *Ireland*
(State or country)

9 NAME OF FATHER *James J. Sheehey*

10 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)

11 MAIDEN NAME OF MOTHER *Josephine O'Rourke*

12 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)

13 Informant *Patrick Sheerin*
(Address) *440 Winthrop St*

14 Filed *July 26, 1924*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels*
H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *July 19 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *June 26*, 19*24*, to *July 19*, 19*24*, that I last saw her alive on *July 19*, 19*24*, and that death occurred, on the date stated above, at *6:30 P* m. The CAUSE OF DEATH was as follows:
Carcinoma, gastric

Undetermined (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? *at place of death*
Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *Xray*
(Signed) *T. Bay W. Layton* M. D.
(Address) *Ft. Bank, Winthrop Mass*
Date *July 21 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Golf Course Garden*
(Cemetery) (City or town) DATE OF BURIAL *7/23/24*

19 UNDERTAKER *John P. O'Connell* ADDRESS *Winthrop*
Official position *Health Officer* Date of issue of permit *7/21/24* Permit NO. *472*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the misadventure DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the MISADVENTURE DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc. *Cardioma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria, Whooping cough, Chronic nodular heart disease, Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Immition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "Primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificates. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. _____
City or Town Winthrop No. 100 Washington Ave. St. Ward _____
(If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Sarah Amelia Tewksbury
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 100 Washington Ave. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 74 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years 74 Months - Days - If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At home. (b) Name of employer _____

8 BIRTHPLACE (City) Winthrop (State or country) Mass.

9 NAME OF FATHER George W. Tewksbury

10 BIRTHPLACE OF FATHER (City) Chelsea (State or country) Mass.

11 MAIDEN NAME OF MOTHER Johanna White.

12 BIRTHPLACE OF MOTHER (City) Malden (State or country) Mass.

13 Informant C. Porter Tewksbury (Address) 100 Washington Ave.

14 Filed July 26, 1924 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 24 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 1924, to July 21, 1924, that I last saw he alive on July 21, 1924 and that death occurred, on the date stated above, at 11.45 p.m. The CAUSE OF DEATH was as follows: Uterine Carcinoma metastasis to abdominal organs

Indefinite (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Indefinite to certain food (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Ray S. Howe, M. D.
(Address) 218 Main
Date July 25 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL CREMATION OR REMOVAL Winthrop DATE OF BURIAL July 26 1924
(Cemetery) (City or town)

19 UNDERTAKER Charles R. Beunison ADDRESS Winthrop

Official position Health Officer Date of issue of permit 7 25/24 Permit No. 773

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

July 24, 1928

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*; (b) *Grocery*; (a) *Foreman*; (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Transition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gastritis, gastroitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 septicemias), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. Waltham
(City or town)
City or Town Waltham No. 75 Nahant Av St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William M Robinson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 75 Nahant Av St., Ward. Boston
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years 2 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary Robinson

6 AGE Years 63 Months 65 Days 6 If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) Name of employer Rugs.

8 BIRTHPLACE (City) Ireland.
(State or country)

PARENTS

9 NAME OF FATHER Roger Robinson

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Johnston

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Wilfred M Robinson
(Address) 75 Nahant Av.

14 Filed July 26, 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 25 24
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 5, 1924, to July 25, 1924, that I last saw him alive on July 25, 1924, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:
Acute Encephalitis

CONTRIBUTORY Chronic Nephritis
(SECONDARY) (duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) Harvey Attey M. D.
(Address) 207 Pleasant St.
Date July 25 24
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woburn DATE OF BURIAL 7/28/24
(Cemetery) (City or town)

19 UNDERTAKER Edward P Murray Woburn ADDRESS

Official position Health Officer Date of issue of permit July 25 Permit No. 774

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;*

(a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc.; Carcinoma, Sarcoma, etc.* of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic tubercular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

13,006

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State _____ Registered No. _____
 City or Town Winthrop No. 36 Jewkesbury St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Wilfred A. Collins

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36 Jewkesbury St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 years _____ months _____ days _____ How long in U. S., if of foreign birth? _____ years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 AGE Years 52 Months _____ Days _____ If LESS than I day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Salesman
 (b) Name of employer _____

8 BIRTHPLACE (City) unable to obtain
 (State or country)

9 NAME OF FATHER unable to obtain

10 BIRTHPLACE OF FATHER (City) _____
 (State or country)

11 MAIDEN NAME OF MOTHER Annetta Bear-follins

12 BIRTHPLACE OF MOTHER (City) Sacramento, CA
 (State or country)

13 Informant C.R. Bennison
 (Address) Winthrop, Mass

14 Filed Aug 6 1924
 (Month) (Day) (Year) REGISTRAR

20 Burial permit issued by H.C. Daniels, Jr. Official position Health Officer 21 Date of Aug 5 1924 Permit No. 781

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 27-28 (2) 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Heart Cause: Character indeterminate. (Found dead in bed and decomposed)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
 (Signed) Jung Jungens Magent, M.D.
 (Address) _____

Medical Examiner for Suffolk
 Date Aug 2 1924
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Sacramento, CA
 (Cemetery) (City or town) DATE OF BURIAL Aug 6 1924
 (Month) (Day) (Year)

19 UNDERTAKER C.R. Bennison ADDRESS Winthrop, Mass

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

PARENTS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 6517 Registered No. 153
City or Town Boston No. CITY HOSPI. (Place of death) (Place of residence)
(If death occurred in a hospital or institution, give its NAME instead of street and number) St. Ward

2 FULL NAME

ELIZABETH REID

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 25 MOORE St. WINTHROP, MASS. Ward WINTHROP, MASS.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MAR.

15 DATE OF DEATH JULY 28TH 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of WILLIAM A. REID

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:
ACUTE OEDEMA OF BRAIN (ALCOHOLISM)

6 AGE 39 Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

(See reverse side for additional space)

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED HOUSEWIFE

(a) Trade, profession, or particular kind of work

(b) Name of employer

17 Where was injury sustained if not at place of death?

(Signed) TIMOTHY LEARY, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK CO.

Date JULY 29 1924
(Month) (Day) (Year)

8 BIRTHPLACE (city or town) IRELAND
(State or country)

9 NAME OF FATHER PETER F. ROURKE

10 BIRTHPLACE OF FATHER (city or town) IRELAND
(State or country)

11 MAIDEN NAME OF MOTHER -----TOBIN

12 BIRTHPLACE OF MOTHER (city or town) IRELAND
(State or country)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL ARLINGTON (ST. PAULS) DATE OF BURIAL JULY 31
(Month) (Day) (Year)

19 UNDERTAKER WM. J. MAHONEY & CO. ADDRESS _____

13 Informant J. L. ROURKE
(Address)

20 Burial permit issued by _____ Official position _____

14 Filed AUG. 1 1924 E. W. M. Glendon
Registrar of city or town where death occurred
Filed Aug 30 1924
Registrar of city or town where deceased resided

21 Date of issue _____ 1924

should be carefully supplied. Age should be stated EXACTLY. Medical statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

EXTRACTS

**FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE**

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

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.)"

January 28. 1924

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 1544
City or Town Winthrop No. 145 Cliff Ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fellie A. Darnow
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 145 Cliff Ave. St. _____ Ward Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Benjamin F.

6 AGE Years _____ Months 3 Days 29 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) Madison
(State or country) N. H.

9 NAME OF FATHER Jesse Ferris

10 BIRTHPLACE OF FATHER (City) Madison
(State or country) N. H.

11 MAIDEN NAME OF MOTHER Eliza Dodge

12 BIRTHPLACE OF MOTHER (City) cannot be learned
(State or country) Vermont

13 Informant Mrs. Henry E. Plummer
(Address) Madison, N. H.

14 Filed Aug. 6, 1924
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniel

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 29, 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May, 1919, to July 29, 1924, that I last saw her alive on July 29, 1924, and that death occurred, on the date stated above, at 7.00 P. m. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
(duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 5 yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) W. B. Brown M. D.
(Address) 20 Currier Avenue
Date July 30, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Madison, N. H. DATE OF BURIAL Aug. 1, 1924
(Cemetery) (City or town)

19 UNDERTAKER W. C. Goodrich ADDRESS Byram
Official position Health Officer Date of issue of permit 7/30 Permit No. 755

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *wringing, peritonæum*, etc., *Carcinoma, Sarcoma*, etc., (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesenteric Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), *2d deg.*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrenæ, gastritis, erysipelas, meningitis, miscarriage, neurosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH 1924,

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
 City or Town **Boston** No. **CHILDRENS HOSPT.** St. **Ward**
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **6493**
 (Place of death)
 Registered No. **15-4**
 (Place of residence)

2 FULL NAME **PAUL F. ROE**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **35 GEORGE** St. **St.**
 (Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **S**

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
1 **8** **3**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) Name of employer

8 BIRTHPLACE (city or town) **E. BOSTON**
 (State or country)

9 NAME OF FATHER **LOUIS A.**

10 BIRTHPLACE OF FATHER (city or town) **E. BOSTON**
 (State or country)

11 MAIDEN NAME OF MOTHER **FLORENCE M. SCHIVERN**

12 BIRTHPLACE OF MOTHER (city or town) **GLOUCESTER**
 (State or country)

13 **FATHER**

Informant
 (Address)

14 Filed **AUG. 1**, 1924 **E. W. M. Glenen**
 Registrar of city or town where death occurred

Filed **Aug 30**, 1924
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JULY 29**, 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
JULY 24, 19**24**, to **JULY 29**, 1924,

that I last saw h. **IM** alive on **JULY 29**, 1924,
 and that death occurred, on the date stated above, at **4.30A** m.
 The CAUSE OF DEATH was as follows:

ACUTE SUPP. MENINGITIS (STAPHYLOCOCC)

(duration) yrs. mos. **23** ds.

CONTRIBUTORY
 (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
 if not at place of death?

Did an operation precede death? **YES** Date of **JULY 27**

Was there an autopsy? **YES (DRAINAGE)**

What test confirmed diagnosis?

(Signed) **C. F. MC KHANN**, M.D.
 , 19 (Address)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
MALDEN (HOLY CROSS)

DATE OF BURIAL
JULY 30, 1924

19 UNDERTAKER
M. J. KELLY

ADDRESS

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Declarer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium, etc.*; *Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gascolitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.

— *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

E B 0258

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No. 1162

City or Town

Boston

No.

Winthrop Community Hospital

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Male Poirier

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

19 Saratoga Street

St., 2

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

STILLBORN

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

None

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

9 NAME OF
FATHER

Clarence Poirier

10 BIRTHPLACE OF
FATHER (City)

Cape Briton

(State or country)

Canada

11 MAIDEN NAME
OF MOTHER

Mary R. Leves

12 BIRTHPLACE OF
MOTHER (City)

East Boston

(State or country)

Mass.

13

Informant

Clarence Poirier

(Address)

19 Saratoga Street E.B.

14

Filed

Aug 6 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July,
(Month)

30

(Day)

1924.

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 30

, 1924, to

July 30

, 1924.

that I last saw him ~~alive on~~ _____, 19____

and that death occurred, on the date stated above, at 7:30 P.m.

The CAUSE OF DEATH was as follows:

Stillborn
(Atelectasis)

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? No Date of _____

Was there an autopsy? _____

If Under One Year. Was Baby Breast Fed

What test confirmed diagnosis? Physical examination

(Signed) _____

M. D.

(Address) _____

26 Princeton St.

Date

July
(Month)31,
(Day)1924.
(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Michaels Cemetery Aug 2, 1924

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

East Boston.

Official
position

Health Officer

Date of
issue

of permit

8/1/24

Permit
NO.

476

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scout, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Example: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum, etc., Carcinoma, Sarcoma, etc., of* (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic reticular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all definite diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Dr. Braff 26 Princeton Street East Boston

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, with the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Winthrop No. 507 Pleasant St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sydia R Harris
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 175 Winthrop St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH April 20 1857
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
67 3 11

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) Name of employer _____

9 BIRTHPLACE (City) (State or country)

Ohio
Novo Scotia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City) (State or country) Ohio
Novo Scotia

14 Informant Austin Belcher
(Address) 175 Winthrop St. Winthrop

15 Filed Aug 6 1924
(Month) (Day) (Year) REGISTRAR _____

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 1 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 7 1922 to July 31 1924

that I last saw her alive on July 31 1924,

and that death occurred, on the date stated above, at 9:50 m.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

CONTRIBUTORY Arterio sclerosis (duration) _____ yrs. _____ mos. _____ ds.

(SECONDARY) General passive congestion (duration) 3 yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Horace J. Soule M.D.

(Address) 150 Winthrop St Winthrop
Date August 2 1924
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop DATE OF BURIAL Aug 4 1924
(Cemetery) (City or town)

20 UNDERTAKER Frank E. Brown ADDRESS Winthrop

Official position Health Officer Date of issue of permit Aug 4 1924 Permit No. 950

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Leocomotive engineer, Coal miner or Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Neckitis: Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *92 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness of disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from homo 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

No.

Died at Whitefield N.H. St. *Ward*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William E. Burke Jr.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

15 Williams

St.

*Ward**Wentworth Mass*

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Single*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or, min.

*21**0**24*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Student*

(b) Name of employer

8 BIRTHPLACE (City)

East Boston

(State or country)

*Mass*9 NAME OF
FATHER*William E.*10 BIRTHPLACE OF
FATHER (City)*East Boston*

(State or country)

*Mass*11 MAIDEN NAME
OF MOTHER*Mary J. Hayes*12 BIRTHPLACE OF
MOTHER (City)*Boston*

(State or country)

Mass

13

Informant

Wm E Burke

(Address)

15 Williams St. Wentworth

14

Filed

(Month) (Day) (Year)

AUG 1 1924

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

*August 1**1924*

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19

to

, 19

that I last saw him alive on

, 19

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

*Automobile accident -
Fractured leg & Internal injuries*

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted

if not at place of death? FOR WHAT?

Did an operation precede death? ~~Yes~~ Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

G.H. Marston

, M.D.

(Address)

Whitefield N.H.

Date

*August 1**1924*

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross
(Cemetery)*Malden*
(City or town)

DATE OF BURIAL

August 4

19 UNDERTAKER

Joseph L Burke

ADDRESS

*75 Chamber Street
Boston*Official
positionDate of
issue
of permit

Permit

No.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Printer*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary action with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asbestia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

TRANSPORTATION OF CORPSE.

THE STATE OF NEW HAMPSHIRE.—STATE BOARD OF HEALTH.

PHYSICIAN'S CERTIFICATE.

Name of Deceased William E. Burke Jr. Date of Death August 1 1924
(If a minor, give parents' names also.)
Hour of Death 3²⁰ P. M. Age 21 Years 3 Months 24 Days
Place of Death Whitefield N. H. Cause Fractured leg & internal injuries
Is this a Communicable Disease? No.

I hereby certify that the above is true to the best of my knowledge and belief.

Residence Whitefield County of Cook State of N. H.
Signature G. H. Morrison M. D.

PERMIT OF LOCAL BOARD OF HEALTH.

This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.

In the Whitefield of Cook County of 7717
(City or Town.)
State of New Hampshire on the Aug 1 day of 1924 1924
Permission is hereby given John J. [unclear] holder of Embalmer's License No. 200
to remove for burial at Boston in the County of [unclear]
State of Mass the body of William Burke Jr
who died at Whitefield County of Cook State of 7717
on the Aug day of 1 1924 aged 21 Years 3 Months 24 Days
and [unclear] is hereby authorized to accompany said remains.

Signed [unclear] Health Officer or Sec'y Board of Health.

RULE 1. The transportation of bodies dead of smallpox or bubonic plague is absolutely forbidden.

This permit and preceding Certificate must be detached and delivered to the person in charge of the Corpse.

Rules of the New Hampshire State Board of Health, for Transportation of the Dead.

RULE 1. The transportation of bodies dead of smallpox or bubonic plague is absolutely prohibited.

RULE 2. The transportation of bodies dead of Asiatic cholera, yellow fever, typhus fever, diphtheria (membraneous croup), scarlet fever (scarlatina, scarlet rash), erysipelas, glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfecting fluid; (b) disinfection and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by an embalmer holding a certificate as such issued by the state board of embalming examiners.

After being disinfected as above, such body shall be enveloped in a layer of dry cotton, not less than one inch thick, completely wrapped in a sheet securely fastened, and incased in an air-tight zinc, tin, copper, or lead-lined coffin or iron casket, all joints and seams hermetically sealed, and all enclosed in a strong, tight wooden box. Or the body being prepared for shipment by disinfecting and wrappings as above, may be placed in a strong coffin or casket, and said coffin or casket encased in an air-tight zinc, copper, or tin-lined box, all joints and seams hermetically soldered.

For interstate transportation under this rule only embalmers holding a license issued or approved by the state board of embalming examiners, after examination, shall be recognized as competent to prepare such bodies for shipment.

RULE 3. The bodies of those dead of typhoid fever, purperal fever, tuberculosis, or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of cotton not less than one inch thick, and all wrapped in a sheet securely fastened, and encased in an air-tight metallic coffin or casket, or air-tight, metal-lined box, provided that this shall apply only to bodies which can reach their destination within thirty hours from the time of death. In all other cases, such bodies shall be prepared by a licensed embalmer holding a certificate as provided for in Rule 2. When prepared by a licensed embalmer as defined and directed in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

RULE 4. The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or casket and enclosed in a strong outside wooden box, provided they can reach their destination within thirty hours from the time of death. If the body cannot reach its destination within thirty hours from the time of death, it must be prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of dry cotton not less than one inch thick, and all wrapped in a sheet securely fastened, and encased in an air-tight metallic coffin or casket or an air-tight metal-lined box. But when the body has been prepared for shipment by being thoroughly disinfected by a licensed embalmer, as defined and directed in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

RULE 5. In the shipment of bodies dead from any disease named in Rule 2, such body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the health officer as having been properly disinfected.

Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of the disease. The transit permit in such cases shall specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2, notice must be sent by telegraph by the shipping embalmer to the health officer, or, where there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

RULE 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "Corpse" for the transportation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, including health officer's or registrar's permit for removal, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The undertaker's or registrar's certificate and paster shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician's certificate and transit permit shall be handed to the passenger in charge of the corpse.

RULE 7. When bodies are shipped by express, a transit permit, as described in Rule 6, must be made out. The undertaker's certificate and paster shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to and accompany the express way-bill covering the remains, and be delivered with the body at the point of destination to the person to whom it is consigned.

RULE 8. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health, and shall not be accepted for transportation unless said removal has been approved by the state or provincial health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1-1000 solution of corrosive sublimate and enclosed in a hermetically soldered zinc, tin, or copper-lined box. But bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies, when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 2 or 3 (according to the nature of the disease causing death), provided shipment takes place within thirty days from the time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within thirty days from the time of death without having to obtain permission from the health authorities of the locality to which the body is consigned. After thirty days the casket or coffin box containing said body must be enclosed in a hermetically soldered box.

RULE 9. The bodies of all persons who died in New Hampshire that are to be shipped by public conveyance, even though the initial point of such shipment be a railway station outside the state, must be prepared and forwarded in accordance with the regulations in force in the state of New Hampshire.

RULE 10. All rules and parts of rules conflicting with these rules are hereby repealed.

Name, *William Burke*
Place of Death, *Whitefield N.H.*
No. Street
Ward, Village,
How long a resident, *5 days*
Previous residence, *Winthrop Mass*
If death occurred at an institution give name of same
Norison Hospital
How long an inmate, *5 days*
Where from, *Winthrop Mass.*
Date of Death: Year *1924* Month, *8* Day, *1*
Age: Years, *21* Months, *13* Days, *24*
Place of Birth, *Winthrop Mass*
Date of Birth: Year *1903* Month, *4* Day, *8*
Sex, *M* Color, *W* Married, Single, }
Widowed or }
Divorced. }
Occupation, *Salem*
Cause of Death, *Fractured leg +*
internal injuries of leg
Duration, *1 day*
Contributing cause, *Automobile*
accident Duration, *5 days*
Name of Father, *William Burke*
Maiden Name of Mother, *Mary Hays*
Birthplace of Father, *E. Boston*
Birthplace of Mother, *E. Boston*
Occupation of Father, *P.O. clerk*

[Record continued over.]

Deceased was wife of

Widow of

Name of physician (or other person) reporting said
death, *W. H. Morrison*

P. O. Address, *North Pine St. N.*

Place of Interment,

Date of Interment,

Name of Cemetery,

Undertaker, *J. M. Auld*

P. O. Address, *North Pine St. N.*

The State of New Hampshire

I hereby certify that the above death record is correct to
the best of my knowledge and belief.

Clerk of *Wm. G. ...*
North Pine St. N.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

13,508
Wentworth
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 33)

1 PLACE OF DEATH

County Suffolk State _____ Registered No. _____
City or Town Wentworth No. 48 Bowdoin St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jacob Avarbock

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 48 Bowdoin St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 years 6 months _____ days How long in U. S., if of foreign birth? 2 years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Married (Write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 46

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Junk Collector
(b) Name of employer _____

8 BIRTHPLACE (City) Russia
(State or country)

9 NAME OF FATHER Mario Avarbock

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

11 MAIDEN NAME OF MOTHER Bertina Cannot be learned

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant Bessie Avarbock
(Address) 48 Bowdoin St.

14 Filed Aug 6 1929
(Month) (Day) (Year) REGISTRAR _____

20 Burial permit issued by Medarish

Official position Health Officer

21 Date of issue Aug 2 1929

Permit No. 778

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 2 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes
Cardio-vascular disease,
presumably coronary sclerosis -
(sudden death)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) George Augustus Wright, M.D.

(Address) _____

Medical Examiner for Suffolk

Date Aug 2 1929
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Montefiore Cem. Dorchester
(Cemetery) (City or town) DATE OF BURIAL Aug. 3 1929
(Month) (Day) (Year)

19 UNDERTAKER Manuel Stanetsky ADDRESS Boston

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
 — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

0 Aug 21 1924

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

(City or town)

City or Town

Winthrop

No.

94 Lincoln

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joseph R Wheelock

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

94 Lincoln

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years 4 months

days

How long in U. S., if of foreign birth?

years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Juliette C Wheelock

6 AGE

20

years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Signal Man B & M R R

(b) Name of employer

8 BIRTHPLACE (City)

Mendon

(State or country)

Mass

9 NAME OF
FATHER

Joseph R Wheelock

10 BIRTHPLACE OF
FATHER (City)

Mendon

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

Mary Wood

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Mass

13

Informant

Mrs J C Wheelock

(Address)

94 Lincoln St - Winthrop

14

Filed

Aug 6, 1924

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

8

(Month)

2

(Day)

24

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 15, 1924, to August 2, 1924,
that I last saw him alive on August 1, 1924,

and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Inert Arterio Sclerosis

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

J. A. Kelly

M.D.

(Address)

200 V. Leonard St

Date

8

2

24

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wadsworth

(Cemetery)

Danvers

(City or town)

DATE OF BURIAL

Aug 4-24

19 UNDERTAKER

W. H. Crosby

ADDRESS

Danvers

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Official position

Date of issue

of permit

Permit No.

778

PHYSICIANS should state CAUSE OF DEATH EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Girl empoyer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 56, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths 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.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Winthrop No. 30 Beal St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Hamilton (Stillborn)
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 30 Beal St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

15 DATE OF DEATH Aug 3 1924
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of _____ (or) WIFE of _____

16 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1924, to Aug 3, 1924, that I last saw _____ alive on _____, 19____, and that death occurred, on the date stated above, at 6 P m. The CAUSE OF DEATH was as follows:

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

Stillborn
(duration) _____ yrs. _____ mos. _____ ds.

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

CONTRIBUTORY Indisposed and
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (City) Winthrop (State or country) Mass

9 NAME OF FATHER George

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____

10 BIRTHPLACE OF FATHER (City) E Boston (State or country) Mass

What test confirmed diagnosis? _____
(Signed) J. M. M. M. M. M. D.

11 MAIDEN NAME OF MOTHER Anna J. Flaherty

(Address) 366 Winthrop St
Date Aug 4 1924
(Month) (Day) (Year)

12 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

13 Informant George Hamilton (Address) 30 Beal St.

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michaels DATE OF BURIAL 8/6/24
(Cemetery) (City or town)

14 Filed Aug 6, 1924 REGISTRAR
(Month) (Day) (Year)

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels
a. g. g

Official position Health Officer Date of issue of permit Aug. 5, 1924 Permit NO. 182

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Commissioned Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the misadventure causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the misadventure causing death the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, etc. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Senile," etc.; "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinbefore provided. If there is no attending physician, or if, for sufficient reasons, this certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk State Mass Registered No. Winthrop
 County Winthrop City or Town Winthrop No. 25, 25 Washington Ave St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances Maria Stowe
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 25 Washington Ave St., Ward.
 (Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 20 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed or divorced HUSBAND or WIFE of John H. Stowe

6 AGE Years 81 Months 10 Days 30 if LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED Retired
 (a) Trade, profession, or particular kind of work
 (b) Name of employer

8 BIRTHPLACE (City) Bangor (State or country) Maine

9 NAME OF FATHER Frederick H. Willingham
 10 BIRTHPLACE OF FATHER (City) Bangor (State or country) Maine
 11 MAIDEN NAME OF MOTHER Nancy Smith
 12 BIRTHPLACE OF MOTHER (City) Bangor (State or country) Maine

13 Informant Daughter Mrs. Frances Harris (Address) 25 Washington Ave, Winthrop Mass

14 Filed Aug 6, 1924 Bessie L. Dodge REGISTRAR
 (Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 8 3 24
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan, 1924, to 8/3, 1924, that I last saw her alive on 8/3, 1924, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH was as follows:

Edema of Lungs
 (duration) yrs. mos. ds.
 CONTRIBUTORY Chronic Hypertension
 (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
 Did an operation precede death? Date of
 Was there an autopsy?
 What test confirmed diagnosis?
 (Signed) J. A. G. G. G. G. M. D.
 (Address) 200 Pleasant St. N.
 Date 8 4 24
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Old Town DATE OF BURIAL Aug 5/24
 (Cemetery) (City or town)

19 UNDERTAKER Walter J. White ADDRESS Winthrop

Official position Health Officer Date of issue of permit Aug. 4, 1924 Permit NO. 777

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*; (b) *Grocery*; (a) *Foreman*; (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer" or "Foreman," "Manager," "Dealer" etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of (Name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Transition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangren, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended, during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County _____ State _____ Registered No. 532
City or Town Winthrop Highlands 104 Highland ave St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie Clifton Jackson
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 645 Fellsway St., _____ Word. Medford Mass
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years 2 months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Horace W

6 AGE Years 63 Months 1 Days 22 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) Name of employer

8 BIRTHPLACE (City) Plymouth (State or country) Mass

9 NAME OF FATHER Horace C Whiston

10 BIRTHPLACE OF FATHER (City) Plymouth (State or country) Mass

11 MAIDEN NAME OF MOTHER Jane Stephens

12 BIRTHPLACE OF MOTHER (City) Plymouth (State or country) Mass

13 Informant Horace W Jackson (Address) 645 Fellsway Medford

14 Filed Aug 29, 24 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels 8-13-24

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 8 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1924, to _____, 19____, that I last saw her alive on Aug. 6, 1924, and that death occurred, on the date stated above, at 10.15 P.M.. The CAUSE OF DEATH was as follows:

diabetes mellitus
& gangrene
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) myocarditis
(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? urine analysis
(Signed) Sallie F. Sanders, M. D.

(Address) 92 Woodside Pl., Winthrop
Date Aug 9 1924 Mass
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL New Plymouth (Cemetery) (City or town) DATE OF BURIAL Aug 9 1924

19 UNDERTAKER A E Long Son ADDRESS Camb.

Official position Health Officer Date of issue of permit Aug. 9, 1924 Permit NO. 783

WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic services for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhages," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information as which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the places where the deceased died his name and residence; if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass Registered No. _____ (City or town)
 City or Town Wentworth No. 19 Bates Ave. St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Dempsey (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. 19 Bates Ave St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and state)
 Length of residence in city or town where death occurred years 3 months _____ days _____
 How long in U. S., if of foreign birth? years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

| | | | | |
|-------|-----------|--------|------|--|
| 6 AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| | <u>39</u> | | | |

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED Bookkeeper
 (a) Trade, profession, or particular kind of work
 (b) Name of employer

8 BIRTHPLACE (City) Middleton Conn.
 (State or country)

9 NAME OF FATHER Michael
 10 BIRTHPLACE OF FATHER (City) Ireland
 (State or country)
 11 MAIDEN NAME OF MOTHER Margaret Mahon
 12 BIRTHPLACE OF MOTHER (City) Ireland
 (State or country)

13 Informant James J. Dempsey
 (Address) 19 Bates Ave.

14 Filed Aug 29 24
 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 15 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 1, 1924, to Aug 15, 1924, that I last saw her alive on Aug 15, 1924, and that death occurred, on the date stated above, at 10:45 P. m. The CAUSE OF DEATH was as follows:

Carcinoma of breast

(duration) 1 1/2 yrs. _____ mos. _____ ds.

CONTRIBUTORY Bronch. pneumonia
 (SECONDARY) (duration) _____ yrs. _____ mos. 2 ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of July 10. 24

Was there an autopsy? no.

What test confirmed diagnosis? microscop.
 (Signed) Edward J. Franzen, M. D.

(Address) 7 Ives St.
 Date Aug 16 1924
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns Middleton Conn DATE OF BURIAL 8/18/24
 (Cemetery) (City or town)

19 UNDERTAKER John F. O'Malley ADDRESS Wentworth

Official position Health Officer Date of issue of permit 8/16/24 Permit NO. 784

N. B. - WHITE LABEL, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Form part of the second statement*, Never return "Laborer" or "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric*, *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which gives any of the following diseases, without explanation, as the sole cause of death: Abortion, eclampsia, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH County: Suffolk State: Mass. City or Town: Winthrop No. 935 Shirley St. Ward: Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Frederic Gray Staples (In the Army or Navy of the United States, give rank, organization, etc.) (a) Residence. No. 935 Shirley St. St. Ward. (Usual place of abode) (If non-resident give city or town and state) Length of residence in city or town where death occurred 1 years 4 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male 4 COLOR OR RACE: White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married 5a If married, widowed or divorced HUSBAND of (or) WIFE of: Emma Jane. 6 AGE: 66 Years Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Printer (b) Name of employer

8 BIRTHPLACE (City) (State or country): Thomaston Me.

9 NAME OF FATHER: Willard. 10 BIRTHPLACE OF FATHER (City) (State or country): Thomaston Me. 11 MAIDEN NAME OF MOTHER: Caroline Leeds. 12 BIRTHPLACE OF MOTHER (City) (State or country): Maine.

13 Informant: Carlton Staples (Address) 221 Corey St. Boston

14 Filed: Aug. 29, 1924 (Month) (Day) (Year) REGISTRAR: [Signature]

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Aug 16 1924 (Month) (Day) (Year) 16 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Aug 16, 1924, that I last saw him alive on Aug 16, 1924, and that death occurred, on the date stated above, at 2:48 p.m. The CAUSE OF DEATH was as follows:

Chronic Endocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? (Signed) Edward J. Praeger, M. D. (Address) 75 Main St. Date: Aug 16 1924 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Lakeside Wakefield (Cemetery) (City or town) DATE OF BURIAL: Aug 18, 1924

19 UNDERTAKER: John F. O'Malley ADDRESS: Winthrop

Official position: Health Officer Date of issue of permit: Aug. 15, 1924 Permitted No. 785

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The marital worked on may form part of the second statement. Never return "Laborer" "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningis, peritonema, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which gives any of the following diseases, without explanation, as the sole cause of death: Abortion, coliculis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

7-3035
 should be supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

1 PLACE OF DEATH

County Essex State Mass Registered No. _____ (Place of death) Registered No. _____ (Place of residence)
 City or Town Newburyport No. Anna Jaques Hospital St., 6 Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Vasilios Georgountzos

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 117 Revere St., Ward. Winthrop, Mass.
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months 1 days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
 (or) WIFE of

6 DATE OF BIRTH _____ 1901
 (Month) (Day) (Year)

7 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
23

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) Name of employer

9 BIRTHPLACE (city or town) Arfara,
 (State or country) Greece

10 NAME OF FATHER John Georgountzos

11 BIRTHPLACE OF FATHER (city or town) Arfara
 (State or country) Greece

12 MAIDEN NAME OF MOTHER Stavroula Papadopoulos

13 BIRTHPLACE OF MOTHER (city or town) _____
 (State or country) Arfara, Greece

14 Informant Louis Kolofolias

(Address) 59 Jefferson St.

15 Filed Aug 18, 1924 [Signature]
 Registrar of city or town where death occurred

Filed Sep. 6, 1924
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 17, 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Fracture of skull; concussion of brain; intracranial haemorrhage resulting from falling from or by being thrown from a moving motorcycle. Accidental

(See reverse side for additional space)

18 Where was injury sustained if not at place of death? _____

(Signed) Randolph C. Hurd, M.D.

(Address) Newburyport, Mass.

Medical Examiner for 3d Essex Dist.

Date August 17, 1924
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Lowell, Mass.

DATE OF BURIAL 8/19/24
 (Month) (Day) (Year)

20 UNDERTAKER Robert J. McKinney

ADDRESS Newburyport

21 Burial permit issued by _____
 Official position _____

22 Date of issue _____

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 33.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise

DESCRIPTION (for unknown person)

a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

COPIES OF RECORDS OF DEATHS OF
NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during the previous month, if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall reword the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

Vertical handwritten notes on the right margin: "An 9. 17. 1924" and "Records of 1910-1924".

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County _____ State Mass. Registered No. _____
City or Town Winthrop No. 42 Harbor View Ave. St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Caffery
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 520 Fletcher St. Lowell, Miss. Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years 1 months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 89

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At home (b) Name of employer _____

8 BIRTHPLACE (City) South Andover (State or country) Mass.

9 NAME OF FATHER William Caffery

10 BIRTHPLACE OF FATHER (City) Canada. (State or country) _____

11 MAIDEN NAME OF MOTHER Susan Spelman

12 BIRTHPLACE OF MOTHER (City) Saxton River, (State or country) Vermont.

13 Informant Old Ladies' Home. (Address) 520 Fletcher St. Lowell, Mass.

14 Filed Aug. 29 24 Bessie L. Dodge REGISTRAR (Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H.C. Daniels a. b. g.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 18 1924. (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1924, to Aug 18, 1924, that I last saw he alive on Aug 17, 1924, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia
(duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? (Signed) Edward J. Franzen, M. D.

(Address) 7. J. Union St.

Date Aug 18 1924. (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Edson Lowell (Cemetery) (City or town) DATE OF BURIAL 8/20/24

19 UNDERTAKER William H. Saunders ADDRESS 217 Appleton Lowell Mass

Official position Health Officer Date of issue of permit 8/19/24 Permit NO. 786

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Lowell notified

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report, specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no statement whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Edema," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Premia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

County Suffolk

STANDARD CERTIFICATE OF DEATH

Township WinthropState of Massachusetts

Village _____

Registered No. _____

City _____

(No. Station Hospital, Fort Banks, #11, Mass., Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Female Baby Weaver

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED ---
(Write the word)16 DATE OF DEATH August 18, 1924
(Month) (Day) (Year)6 DATE OF BIRTH August 18, 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:
Stillborn7 AGE Still Born If LESS than 1 day 0 hrs. or --- min. ?
yrs. mos. ds.8 OCCUPATION
(a) Trade, profession, or particular kind of work ---
(b) General nature of industry, business, or establishment in which employed (or employer) ---9 BIRTHPLACE (State or country) Massachusetts.(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. P. W. Layton, M. D.
Aug 19, 1924 (Address) Fort Banks, Mass10 NAME OF FATHER Bascom Augustus Weaver11 BIRTHPLACE OF FATHER (State or country) Arkansas12 MAIDEN NAME OF MOTHER Mabel Nettie Haynes13 BIRTHPLACE OF MOTHER (State or country) New York

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death? _____
Former or usual residence _____(Informant) Bascom Augustus Weaver(Address) Fort Strong, Mass.19 PLACE OF BURIAL OR REMOVAL Winthrop Cemetary DATE OF BURIAL Aug. 20, 192415 Filed Aug 29, 192420 UNDERTAKER C. R. Benson ADDRESS Winthrop, Mass.

REGISTRAR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, *school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic services for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septichæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Rewolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Notes.—Individual officers may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, cellulitis, childbirth, convulsions, hæmorrhage, phlebitis, pyæmia, septichæmia, meningitis, miscarriage, necrosis, peritonitis, miniuman list suggested will work vast improvement, and its scope can be extended at a later date.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wendell
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Wendell

No.

57 Loring Road

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George Hobson Gardner

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

57 Loring R

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

16 years *X* months *X* days

How long in U. S., if of foreign birth?

years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Widower*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

*78**2**13*1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Retiree*

(b) Name of employer

Decorators

8 BIRTHPLACE (City)

Nantucket

(State or country)

*Mass*9 NAME OF
FATHER*Benjamin G. Gardner*10 BIRTHPLACE OF
FATHER (City)*Nantucket*

(State or country)

*Mass*11 MAIDEN NAME
OF MOTHER*Sarah Shrague*12 BIRTHPLACE OF
MOTHER (City)*Wendell*

(State or country)

Mass

13

Informant
(Address)*Sarah E. Currier
57 Loring Rd Wendell*

14

Filed

Aug 29, 1924
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug. 19, 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 30, 1924, to Aug. 19, 1924
that I last saw him alive on *Aug. 19, 1924*and that death occurred, on the date stated above, at *8 P.* m.

The CAUSE OF DEATH was as follows:

*Chronic Bronchitis
Chronic myocarditis*CONTRIBUTORY
(SECONDARY)*Chronic Nephritis*
(duration) *4* yrs. *8* mos. *8* ds.17 Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date of *—*Was there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *G. W. Dickerson*, M.D.

(Address)

Wendell, Mass

Date

Aug. 20, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn
(Cemetery)*Wendell*
(City or town)

DATE OF BURIAL

8/22/24

19 UNDERTAKER

C. R. Brown

ADDRESS

Wendell

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

H. C. Davis
a. b. y.

Official position

Health Officer
Date of issue of permit *Aug. 29, 1924* No. *788*

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, *Met*, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *92 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phibiotic, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

Ne undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No. 1162

City or Town

Boston

No.

293 Main Street

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James F. Farmer

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

293 Main Street

St.,

Ward.

(If non-resident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred

20 years

months

days.

How long in U. S., if of foreign birth?

89 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Clara M. Finnegan

6 AGE

Years

Months

Days

If LESS than 1 day, ___ hrs. or ___ min.

39

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Real Estate

(b) Name of employer

8 BIRTHPLACE (City)

Coral,

(State or country)

Maine

9 NAME OF FATHER

James Farmer

10 BIRTHPLACE OF FATHER (City)

Benedict

(State or country)

Maine

11 MAIDEN NAME OF MOTHER

Ann Ambrose

12 BIRTHPLACE OF MOTHER (City)

Benedict

(State or country)

Maine

13

Informant

Mrs. Clare Farmer

(Address)

293 Main Street Winthrop

14

Filed

Aug 29 24

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

A. C. Daniels
A. B. 9

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug. 19 24
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 28, 1924, to Aug 18, 1924,

that I last saw him alive on Aug 18, 1924,

and that death occurred, on the date stated above, at 12.30 a. m.

The CAUSE OF DEATH was as follows:

chronic myocarditis.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. 2 mos. + ds.

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____ If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis?

(Signed)

Ernest A. Smith

M. D.

(Address)

2 Anthony W. St

Date

Aug 15 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 21st 1924

19 UNDERTAKER

Richard LaRocca

ADDRESS

East Boston

Official position

Health Officer

Date of issue of permit

Aug 20 1924

Permit NO.

789

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically, the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *2d day*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Dr. Booth Orient Heights, East Boston

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____

City or Town *Wentworth* No. *Community Hospital* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Male Baby Mays*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *24 Centennial Ave* Ward. *Revere* *Mass*
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed or divorced HUSBAND of _____ (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. *Still Born*

If STILLBORN, enter that fact here *stillborn*

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) Name of employer _____

8 BIRTHPLACE (City) *Wentworth* (State or country) *Mass*

9 NAME OF FATHER *William E. Mays*

10 BIRTHPLACE OF FATHER (City) *Cambridge* (State or country) *Mass*

11 MAIDEN NAME OF MOTHER *Reba. E. Speirs*

12 BIRTHPLACE OF MOTHER (City) *Boston* (State or country) *Mass*

13 Informant *Adaline Speirs* (Address) *20 Centennial Ave Revere*

14 Filed *Aug 29 1924* (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels* a. B. G.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *August 20 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Aug 20*, 19*24*, to *Aug 20*, 19*24*, that I last saw h _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows: *Thrombocytosis*
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? (Signed) *Harold T. Muggave* M. D. (Address) *639 Birch St Cleveland* Date *August 21 1924* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Wentworth* DATE OF BURIAL *8/26/24*
(Cemetery) (City or town)

19 UNDERTAKER *C. R. Bennett* ADDRESS *Wentworth*

Official position *Health Officer* Date of issue of permit *8/26/24* Permit NO. *791*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Companion*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home who are engaged in the duties of the household only (not paid *wife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. Contributory (secondary or inintercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), symptoms or terminal conditions (secondary), *10 ds*. Never report mere (merely symptomatic), "Atrophy," "Colapsoe," "Coma," "Convulsions," "Dehility" ("Congestional," "Senile," etc.), "Prosy," "Eckman's," "Heart failure," "Hemorrhage," "Hemiplegia," "Eckman's," "Old age," "Stroke," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there be no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the quire.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths suppressably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

13, 541

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

*Charleston
notified*

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State _____ Registered No. _____
City or Town Waltham - Ambrose Winters Pl., or Brown's Bay Street Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine F. Stedman
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 6 Union Court, Charles town Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE Wh 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, ... hrs. or min.
67

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer _____

8 BIRTHPLACE (City) cannot be learned
(State or country)

9 NAME OF FATHER Peter Fischer

10 BIRTHPLACE OF FATHER (City) Germany
(State or country)

11 MAIDEN NAME OF MOTHER Margaret Kengdels

12 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

13 Informant Mrs Jennie McCall
(Address) Cambridge Street Court

14 Filed Sep. 2, '24
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by navy Official position _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 20, 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural causes:
Presumably cardio-vascular disease.
(Sudden death.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) George Eugene Reynolds, M.D.
(Address) _____

Medical Examiner for Suffolk
Date Aug 24, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Cedar Grove Boston DATE OF BURIAL Aug 30, 1924
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER Vincent J. Peadar ADDRESS Charleston

21 Date of issue AUG 30 1924 Permit No. 17635

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Tewksbury

(City or town)

1 PLACE OF DEATH

County Middlesex State Mass.

Registered No. 275
(Place of death)

Registered No. 136
(Place of residence)

City or Town Tewksbury No. State Infirmery St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George J. Neeley

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. St.
(Usual place of abode)

Length of residence in city or town where death occurred 7 years 2 months 27 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or mo. 50

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grocery Clerk
(b) Name of employer

8 BIRTHPLACE (city or town) Providence
(State or country) Rhode Island

9 NAME OF FATHER Joseph Neeley
10 BIRTHPLACE OF FATHER (city or town) Not learned
(State or country) Ireland
11 MAIDEN NAME OF MOTHER Margaret Carbon

12 BIRTHPLACE OF MOTHER (city or town) Not learned
(State or country) Ireland

13 Informant Hospital, Tewksbury
(Address) St. Michaels, Dept.

14 Filed 8/23/24 19 24 Registrar of city or town where death occurred
Filed Sep 12, 1924 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug. 23, 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 26, 1917 to Aug. 23, 1924 that I last saw him alive on Aug. 23, 1924, and that death occurred, on the date stated above, at 6:30 A. m. The CAUSE OF DEATH was as follows:

Tubes Dorsalis

More than (duration) yrs. 1 mo. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) A. K. Drake, M.D.

(Address) State Infirmery, Tewksbury,

Date Aug. 23, 1924 Mass.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Tewksbury Tewksbury Aug. 28/24
(Cemetery) (City or town) 19

19 UNDERTAKER ADDRESS
H. Louis Farmer tewksbury

so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*. *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary action with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symtomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbed fever, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required by the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are exposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No. 1162

City or Town

W Boston

No.

439 Winthrop Street

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Dorothy M. Curtin

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

439 Winthrop Street

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

2

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Single

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

-

6 AGE

24

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Factory Worker

(b) Name of employer

General Electric E. B.

8 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

9 NAME OF
FATHER

Thomas Curtin

10 BIRTHPLACE OF
FATHER (City)

Cambridge

(State or country)

Mass.

11 MAIDEN NAME
OF MOTHER

Abbie Sullivan

12 BIRTHPLACE OF
MOTHER (City)

East Boston

(State or country)

Mass.

13

Informant

Thomas Curtin Father

(Address)

439 Winthrop Street

14

Filed

Aug 29 24

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

A.C. Daniels
A. B. 9

15 DATE OF DEATH

Aug
(Month)25
(Day)1924
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 24, 1924, to Aug 25, 1924,

that I last saw her alive on Aug 25, 1924,

and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH was as follows:

Lung abscess

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. 14 ds.

(duration) ___ yrs. ___ mos. 11 ds.

17 Where was disease contracted
if not at place of death? 439 Winthrop Street, East BostonDid an operation precede death? ~~Yes~~ Date of Aug 25, 24

Was there an autopsy? No Under One Year, Was Body Dissected.

What test confirmed diagnosis? X-ray, open

(Signed)

T. W. Layton, M. D.

(Address)

Winthrop Mass

Date

Aug
(Month)27
(Day)1924
(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 28th 1924

19 UNDERTAKER

East Boston.

Official
position

Health Officer

Date of
issue
of permit

8/28/24

Permit
NO.

792.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *Occupations of persons engaged in domestic service* for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin in "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," "Injury," "Debility" ("Congenital," "Collapsive," "Coma," "Convulsions," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposablely due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

BOARD OF HEALTH PHYSICIAN'S CERTIFICATE OF DEATH

To be used only in case there is no attending physician or if for sufficient reason the attending physician's certificate cannot be obtained early enough for the purpose of granting a burial permit, as provided by Revised Laws, Chapter 78, Section 38.

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City Wentworth No. 63 Bales-ave St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert Grace Smith
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 63 Bales-ave St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Dorcas Smith (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Feb 6 1861

7 AGE Years 63 Months 6 Days 19 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoe Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Mfg
(c) Name of employer Shoe Mfg Co

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 25 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I have ascertained the nature of the disease from which the person above-named died, and that the CAUSE OF DEATH* was as follows:
*State the DISEASE CAUSING DEATH. (See reverse side for additional space and instructions.)
Probably cerebral hemorrhage
(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) Sackville (State or country) N. B.

10 NAME OF FATHER Alexander Smith

11 BIRTHPLACE OF FATHER (city or town) Sackville (State or country) New Brunswick

12 MAIDEN NAME OF MOTHER Henrietta Harper

13 BIRTHPLACE OF MOTHER (city or town) Sackville (State or country) New Brunswick

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Personal inquiry
(Signed) R. B. Parker M.D.
(Address) Winthrop Mass
Date Aug 25 1924
(Month) (Day) (Year)

14 Informant Wife Dorcas Smith (Address) 63 Bales-ave Winthrop

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Wentworth Winthrop Mass DATE OF BURIAL Aug 27 19 24

15 Filled Aug 29 1924 (Month) (Day) (Year) REGISTRAR _____

20 UNDERTAKER Chas. R. Benson ADDRESS Winthrop

Print issued by H. E. Dwyer Health Officer - 8/26/24 Print No. 790

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (phrased so that it can be classified under the international classification of causes of death, where constructed), the duration of his last illness, when last seen alive by the physician and the date of his death. . . . — *Revised Laws, Chap. 29, Sects. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism, (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Notice to Undertakers: No embalming fluid, or any substance thereto, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, shall first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

Statement of Cause of Death. — Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (*Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., (*Carcinoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mastitis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mastitis* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congential," "Senile," etc.); "Dropsy," "Exhaustion," "Heart failure," "Hemiparage," "Hemiplegia," "Hemiparesis," "Heart failure," "Shock," "Uremia," "Weakness," etc. When a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal," "Puerperal peritonitis," etc. State cause of death in each surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train* — *accident*; *Renal wound of head* — *homicide*; *Poisoned by carbolic acid* — *probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *hemias*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

-BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Boston

No.

162 Washington Ave. South

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Rose A O'Connell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

26 Allen

St.

Ward.

Boston - Mass

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

15 DATE OF DEATH

Aug

26

1924

(Month)

(Day)

(Year)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

23

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

School Teacher

(b) Name of employer

City of Boston

8 BIRTHPLACE (City)

Boston

(State or country)

9 NAME OF
FATHER

John

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Ann Sweeney

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13 Informant

Marguerite O'Connell

(Address)

162 Wash Ave

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Joseph's W. Rot

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 29 1924

14 Filed

Aug 29 24

(Month) (Day) (Year)

REGISTRAR

19 UNDERTAKER

Jos. L. Burke

ADDRESS

75 Cambridge

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

9.3.9.

Official position

Health Officer

Date of issue

8/30/24

Permit

No. 793

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Chief engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be employed as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Retired (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs, meningitis, peritonitis*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *39 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Colic," etc.), "Dropsy," "Expansion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from homo 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State **Massachusetts**

Registered No. **1162**

City or Town **Boston Winthrop** No. **Winthrop Community Hospital** Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Male Darcy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **41 Armandine Street Boston** Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years months **2** days

How long in U. S., if of foreign birth?

years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

15 DATE OF DEATH **Aug. 29, 1924**
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of (or) WIFE of **-**

16 I HEREBY CERTIFY, That I attended deceased from **Aug 27, 1924**, to **Aug 29, 1924**, that I last saw him alive on **Aug 28, 1924**

6 AGE Years Months Days **2** If LESS than 1 day, hrs. or min.

and that death occurred, on the date stated above, at **1 A.** m.

If STILLBORN, enter that fact here

The CAUSE OF DEATH was as follows:
It was Premature baby

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **At Home** (b) Name of employer

(duration) yrs. mos. ds.

8 BIRTHPLACE (City) **Winthrop, Mass.** (State or country)

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9 NAME OF FATHER **George F. Darcy**

17 Where was disease contracted if not at place of death? **FOR WHAT?** **no**

10 BIRTHPLACE OF FATHER (City) **Chelsea, Mass.** (State or country)

Did an operation precede death? **no** Date of **no**

11 MAIDEN NAME OF MOTHER **Muriel Reeves**

Was there an autopsy? **no** If Under One Year, Was Baby Breast Fed **no**

12 BIRTHPLACE OF MOTHER (City) **Bridgewater, Mass.** (State or country)

What test confirmed diagnosis? **Small size**
(Signed) **Albert Astum** M. O.
(Address) **150 Shore Drive, Winthrop**
Date **Sept. 2, 1924**
(Month) (Day) (Year)

13 Informant **George Darcy Father**
(Address) **41 Armandine Street Boston**

18 PLACE OF BURIAL, CREMATION OR REMOVAL **Holy Cross, Malden** DATE OF BURIAL **Sept 2nd 1924**
(Cemetery) (City or town)

14 Filed **Sept 2, 1924**
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER **East Boston.** ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued **H. C. Daniels**

Official position **Health Officer** Date of issue of permit **9/2/24** Permit NO. **797**

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housewife, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labor pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indelinite); Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of (name origin in "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Edema," "Heart failure," "Hemorrhage," "Hemiplegia," "Paralysis," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, childbirth, meningitis, miscarriage, necrosis, peritonitis, phlegmas, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, standing to the best of his knowledge and belief the name of the deceased, his supposed age, the disease or which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 6.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall together furnish for registration any other necessary information which can be obtained for the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 58, Sec. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 58, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
 County Suffolk State MASSACHUSETTS. Registered No. _____
 Township Winthrop or Village _____
 City _____ No. Station Hospital, Fort Banks, Mass. St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James John O'Shea
 (a) Residence. No. Fort Heath, Mass. St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen M. O'Shea

6 DATE OF BIRTH (month, day, and year) Dec. 1, 1880.

7 AGE Years Months Days If LESS than 1 day, --- hrs. or --- min.
43 8 28

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Soldier
 (b) General nature of industry, business, or establishment in which employed (or employer) U. S. Army
 (c) Name of employer _____

9 BIRTHPLACE (city or town) _____
 (State or country) Ireland

10 NAME OF FATHER Michael O'Shea

11 BIRTHPLACE OF FATHER (city or town) _____
 (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Shannon

13 BIRTHPLACE OF MOTHER (city or town) _____
 (State or country) Ireland

14 Informant Mrs. Ellen M. O'Shea
 (Address) Fort Heath, Mass.

15 Filed 9/12, 1924
 11-3184 REGISTRAR
Nebraska Health Office

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 29 1924

17 I HEREBY CERTIFY, That I attended deceased from August 13, 1924, to August 29, 1924, that I last saw him alive on August 29, 1924, and that death occurred, on the date stated above, at 1:19 A.M. The CAUSE OF DEATH* was as follows:

Hemorrhage from duodenal ulcer complicating acute gangrenous appendicitis

_____ (duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted _____ if not at place of death? _____

Did an operation precede death? Yes Date of Aug. 13, 1924

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological tissue

(Signed) Richard A. W. Greenwell, M. D.
8/30/1924 (Address) Fort Banks, Mass. Major, M. C.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Maiden DATE OF BURIAL 9/1 1924

20 UNDERTAKER C. A. Bennett ADDRESS Winthrop
7/10/24 774

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, eclampsia, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

1924,

BOSTON

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. **7250**
 (Place of death)
 City or Town **Boston** No. **NEW ENGLAND DEACONESS HOSPT.** Registered No. **157**
 (Place of residence)
 (If death occurred in a hospital or institution, give its NAME instead of street and number) St. **Ward**

2 FULL NAME

FRANK H. JEWELL

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **583 SHIRLEY** St. **St.**
 (Usual place of abode) (If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**

15 DATE OF DEATH **AUG. 29** 1924
 (Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **ISABELL H.**

16 I HEREBY CERTIFY, That I attended deceased from **AUG. 10**, 19**24**, to **AUG. 29**, 19**24**.
 that I last saw h. **IM** alive on **AUG. 28**, 19**24**,
 and that death occurred, on the date stated above, at **4.30A** m.
 The CAUSE OF DEATH was as follows:
CEREBRAL HEMORRHAGE

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
72 **4** **27**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **BARBER**

(b) Name of employer

(duration) yrs. mos. **14** ds.
 CONTRIBUTORY **CARDIAC FAILURE**
 (SECONDARY) (duration) yrs. mos. **5** HRS ds.

8 BIRTHPLACE (city or town) **NEW YORK**
 (State or country) **N. Y.**

17 Where was disease contracted if not at place of death?
 Did an operation precede death? Date of
 Was there an autopsy?
 What test confirmed diagnosis?
 (Signed) **R. R. WHEELER**, M.D.
 (Address)
 Date **AUG. 29, 1924**
 (Month) (Day) (Year)

9 NAME OF FATHER **GEORGE H.**
 10 BIRTHPLACE OF FATHER (city or town) **-----**
 (State or country)
 11 MAIDEN NAME OF MOTHER **JOSEPHINE SPROULE**
 12 BIRTHPLACE OF MOTHER (city or town) **LOWELL**
 (State or country) **MASS.**

13 Informant **M. C. BOWIE R. N.**
 (Address)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **WINTHROP**
 (Cemetery) (City or town) DATE OF BURIAL **AUG. 31** 19**24**

14 Filed **SEPT. 2**, 19**24** **E. W. McEleney**
 Registrar of city or town where death occurred
 Filed **Sept. 30**, 19**24**.
 Registrar of city or town where deceased resided

19 UNDERTAKER **C. R. BENNISON**
 ADDRESS **WINTHROP**

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Partner (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, *first*, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"; *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebilty" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State **Massachusetts**

Registered No. **7293**

(Place of death)

City or Town **Boston**

No. **INFANTS HOSPT.**

Registered No. **15-8**

(Place of residence)

St. **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **GEORGE TOOMEY**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**

City or Town **WINTHROP** No. **28 FAUN BAR AVE.** St.

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **S**

15 DATE OF DEATH **AUG. 29** 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from **AUG. 29**, 19**24** to **AUG. 29**, 1924

that I last saw h. **IM** alive on **AUG. 29**, 1924

6 AGE Years Months Days If LESS than 1 day, hrs. or min. **17**

and that death occurred, on the date stated above, at **8.15P** m.
The CAUSE OF DEATH was as follows:

MALNUTRITION, DIARRHOEA AND ENTERITIS

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) Name of employer

(duration) yrs. mos. **15** ds.

8 BIRTHPLACE (city or town) **BOSTON** (State or country)

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9 NAME OF FATHER **WILLIAM H.**

17 Where was disease contracted if not at place of death?

10 BIRTHPLACE OF FATHER (city or town) **GEORGETOWN** (State or country)

Did an operation precede death? Date of

11 MAIDEN NAME OF MOTHER **HELEN BRADY**

Was there an autopsy?

12 BIRTHPLACE OF MOTHER (city or town) **NEW BRITAIN** (State or country) **CONN.**

What test confirmed diagnosis? (Signed) **C. F. MC KHANN**, M.D.

13 **W. H. TOOMEY**

Date **AUG. 30** (Month) (Day) (Year)

Informant (Address) **WINTHROP**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **MT. BENEDICT** DATE OF BURIAL **AUG. 31** 1924
(Cemetery) (City or town)

14 Filed **SEPT. 3, 1924** **E. W. McEneaney** Registrar of city or town where death occurred
Filed **Sept. 30, 1924** Registrar of city or town where deceased resided

19 UNDERTAKER **J. S. WATERMAN & SONS** ADDRESS

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Peeler," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningea, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Assthema," "Anemia" (merely symtomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Eclipsy," "Congestial," "Senile," etc.), "Dropy," "Exhaustion," "Heartfailure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Tubercular septicaemia," "Puereral peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on a statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 59, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

W. Bentley
(City or town)

1 PLACE OF DEATH *Somerville*
County *Suffolk* State *Mass* Registered No. _____
City or Town *Winturst* No. *53* *Nahant on Winturst St.* Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *John Williams*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *28* *Richdale on Somerville* St. *Ward* *Mass*
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years *2* months days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|---|--|------------------|--|
| 3 SEX <i>Male</i> | 4 COLOR OR RACE <i>White</i> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i> | | |
| 5a If married, widowed or divorced HUSBAND of (or) WIFE of <i>Grace E</i> | | | | |
| 6 AGE | Years <i>67</i> | Months <i>4</i> | Days <i>2</i> | If LESS than 1 day, _____ hrs. or _____ min. |
| If STILLBORN, enter that fact here | | | | |
| 7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Book-binder</i> (b) Name of employer | | | | |
| 8 BIRTHPLACE (City) (State or country) <i>Wales</i> | | | | |
| PARENTS | 9 NAME OF FATHER <i>David</i> | | | |
| | 10 BIRTHPLACE OF FATHER (City) (State or country) <i>Wales</i> | | | |
| | 11 MAIDEN NAME OF MOTHER <i>Catherine Jones</i> | | | |
| 12 BIRTHPLACE OF MOTHER (City) (State or country) <i>Wales</i> | | | | |

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *August 30 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *July 15*, 19*24*, to *Aug. 30*, 19*24*, that I last saw h*im* alive on *Aug. 30*, 19*24* and that death occurred, on the date stated above, at *11.20 A.* m. The CAUSE OF DEATH was as follows:
Carcinoma of Stomach

_____ (duration) *unknown* yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? *unknown*

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *X-Ray of Gastro-intestinal tract*
(Signed) *Robert Bennett, M. D.*
(Address) *Station Hospital, Ft. Devens, Mass.*
Date *Aug. 30 1924*
(Month) (Day) (Year)

13 Informant *W. C. Taylor*
(Address) *53 Nahant on Winturst*

14 Filed *Sep. 21/24*
(Month) (Day) (Year)

REGISTRAR *McDaniel*

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winturst *Winturst*
(Cemetery) (City or town)

DATE OF BURIAL *9/2/24*

19 UNDERTAKER
C. P. Seaman

ADDRESS *Winturst*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *McDaniel*

Official position *Health Officer* Date of issue of permit *Sept 1, 1924* Permit NO. *796*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of. (Name origin; "Cancer" is less desirable; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Ceritificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Winthrop* No. *130* *Washington Ave* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Archibald W. Thompson*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *130* *Washington Ave* St., *2* Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred *25* years *5* months _____ days. _____ How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5a If married, widowed or divorced
HUSBAND of *Ella M. Thompson*
(or) WIFE of

6 AGE Years *61* Months *11* Days *8* If LESS than 1 day, _____ hrs. _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Retired*
(b) Name of employer *Fish Business*

8 BIRTHPLACE (City) *Bermuda*
(State or country)

9 NAME OF FATHER *Geo. W. Thompson*

10 BIRTHPLACE OF FATHER (City) *Bermuda*
(State or country)

11 MAIDEN NAME OF MOTHER *Not Known*

12 BIRTHPLACE OF MOTHER (City) _____
(State or country)

13 Informant *Wife Ella M. Thompson*
(Address) *130 Washington Ave Winthrop*

14 Filed *Sep. 2, 1924*
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Aug. 31* 19*24*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Jan 2*, 19*24*, to *Aug 31*, 19*24*, that I last saw him alive on *Aug 31*, 19*24*, and that death occurred, on the date stated above, at *9 P* m. The CAUSE OF DEATH was as follows:

Ch. Intestinal Neoplasm
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis?
(Signed) *Times & Sons*, M. D.
(Address) *218 Main Winthrop*
Date *Sep 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop Cem*
(Cemetery) (City or town) DATE OF BURIAL *Sept 3/24*

19 UNDERTAKER *Walter J. White* ADDRESS *Winthrop*

Official position *Health Officer* Date of issue of permit *9, 3, 24* Permit NO. *798*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (a) Cotton mill, (a) Salsman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. (If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem, etc., Carcinoma, Sarcoma, etc., of* (name organ); "Cancer," is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congential," "Senile," etc.), "Dropsy," "Edema," "Heart failure," "Hemorrhage," "Hæmition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PURPERAL septicæmia," "PURPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 61.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Wintthrop
~~BOSTON~~
(City or town)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. _____
City or Town Wintthrop Boston No. 53 Trident Ave St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harris Nelson
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 53 Trident St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 15 years _____ months _____ days. How long in U. S., if of foreign birth? 60 years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5a If married, widowed or divorced HUSBAND of (or) WIFE of Ether Nelson
6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
78 8 10

15 DATE OF DEATH August, 31 1924
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from July 1, 1924, to Aug 31, 1924, that I last saw him alive on Aug - 30, 1924, and that death occurred, on the date stated above, at 1.15 p.m.
The CAUSE OF DEATH was as follows:
Carcinoma of Bladder.
(duration) 1 yrs. _____ mos. _____ ds.

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Barber
(b) Name of employer _____

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.
17 Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____ FOR WHAT?
Was there an autopsy? _____ If Under One Year, Was Baby Breast Fed _____

8 BIRTHPLACE (City) Paland, Prussia
(State or country)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington Nethaland Cem Bays DATE OF BURIAL 9/1/24
(Cemetery) (City or town)

9 NAME OF FATHER Phillips Nelson

19 UNDERTAKER 580 Mayer Salomonson ADDRESS Spot. Chel Hill Ave

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

What test confirmed diagnosis? Numer
(Signed) Edward J. Franzen, M. D.
(Address) 7 Irving St.
Date Aug 31 1924,
(Month) (Day) (Year)

11 MAIDEN NAME OF MOTHER (Unknown)

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant Morris Nelson
(Address) 40 Trident Ave Wintthrop

14 Filed Sept. 2, 1924
(Month) (Day) (Year) REGISTRAR Melanich

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position Health Officer Date of issue of permit 9/1/24 Permit NO. 795

PHYSICIANS should state CAUSE OF DEATH EXACTLY. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the misadventure causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indistinct); *Tuberculosis of lungs, meningis, peritonum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 days; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Transition," "Marasmus" "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Medfield

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County Norfolk State Mass.Registered No. 81
(Place of death)City or town Medfield No. State Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No. 139
(Place of residence)2 FULL NAME Mae Wollcott

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 15 Thornton St.
(Usual place of abode)Length of residence in city or town where death occurred years 3 months 19 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single15 DATE OF DEATH September, 4, 1924.
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from May, 15, 1924, to Sept, 4, 1924,that I last saw her alive on Sept, 3, 1924,and that death occurred, on the dated stated above, at 3:40 a.m.

The CAUSE OF DEATH was as follows:

Acute Ileocolitis6 AGE Years Months Days If LESS than 1 day, hrs. or min.
30 10 8

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Secretary

(b) Name of employer

(duration) yrs. mos. 7 ds.8 BIRTHPLACE (city or town) Winthrop (State or country) Mass.CONTRIBUTORY Exhaustion from undiagnosed (SECONDARY) Psychosis (duration) about 11 yrs. mos. ds.9 NAME OF FATHER Frederick Wollcott

17 Where was disease contracted if not at place of death?

10 BIRTHPLACE OF FATHER (city or town) London (State or country) EnglandDid an operation precede death? NO Date of Was there an autopsy? NO (tests)11 MAIDEN NAME OF MOTHER Rebecca WilderWhat test confirmed diagnosis? Physical & Laboratory(Signed) Alexandria Ameer, M. D.12 BIRTHPLACE OF MOTHER (city or town) London (State or country) England(Address) Harding, Mass.Date Sept. 4, 192413 Informant State Hospital Records (Address) Medfield, Mass.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL

9/6/24, 1914 Filed 10/4/24, by William W. Everett
Registrar of city or town where death occurred

19 UNDERTAKER

C. R. Bennison

ADDRESS

WinthropFiled 10/7/24, 19
Registrar of city or town where deceased resided

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "Primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. . . . If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or if insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

(City or town) 160

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 160
City or Town Boston No. 70 Atlantic Street St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Gertrude English
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 70 Atlantic Street St. Winthrop Ward
(Usual place of abode)
Length of residence in city or town where death occurred 5 years months days. How long in U. S., if of foreign birth? 58 years months days (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a If married, widowed or divorced HUSBAND of (or) WIFE of William English
6 AGE Years 58 Months 2 Days 27 If LESS than 1 day, hrs. or min.
If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Boston,
(State or country) Mass.

9 NAME OF FATHER Phillip Donahoe
10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)
11 MAIDEN NAME OF MOTHER Bridget Kelly
12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Daughter Miss E. English
(Address) 70 Atlantic Street

14 Filed Sep. 12, 24
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept. 4 1924
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from 9/2, 1924, to 9/4, 1924, that I last saw h ER alive on 9/4, 1924, and that death occurred, on the date stated above, at 3 0 m.
The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY Arterio Sclerosis
(SECONDARY) Hypertension.
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? Date of

Was there an autopsy? If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis?
(Signed) Michael Hitrich, M. D.
(Address) 54 Shirley Ave.
Date 9/6 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cemetery
(Cemetery) (City or town) DATE OF BURIAL Sept 7th 1924

19 UNDERTAKER ADDRESS East Boston.

Official position Health Officer Date of issue of permit Sept 7 Permit NO. 799

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc. *Gastricoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Simple" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Transition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL erythecemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Mr. Michael Livitch 54 Shirley Avenue, Revere

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths indisputably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 161
City or Town Boston No. 5 Wave Way Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Winthrop
Jacob Kranetz

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 5 Wave Way Ave. Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)Length of residence in city or town where death occurred 15 years months days. How long in U. S., if of foreign birth? 22 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a If married, widowed or divorced HUSBAND of (or) WIFE of Sarah6 AGE 49 Years Months Days If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employerTailor

8 BIRTHPLACE (City)

(State or country)

Russia

9 NAME OF FATHER

Morris Kranetz

10 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

11 MAIDEN NAME OF MOTHER

Etta cannot be named

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

13 Informant

(Address)

Sarah Kranetz
5 Wave Way Ave.

14 Filed

Sept 18, 24
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniel
42

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept - 7, 1924.
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from January, 1924, to Sept 7, 1924, that I last saw him alive on Sept. 5, 1924, and that death occurred, on the date stated above, at 9:50 P. m.

The CAUSE OF DEATH was as follows:

Carcinoma (Gastro-intestinal tract)(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death? _____

FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____ If Under One Year, Was Baby Breast Fed _____

What test confirmed diagnosis? Operation(Signed) Albert Castro, M. D.(Address) 150 Shore Drive, WinthropDate Sept 8, 1924.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Everett, Jewish Cem.
(Cemetery) (City or town)

DATE OF BURIAL

Sept. 8, 1924

19 UNDERTAKER

Mamei Stanetsky
Boston

ADDRESS

Official position, Health Officer Date of issue of permit 9, 8, 24 Permit NO. 801

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Labourer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonema*, etc., *Carcinoma, Sarcoma*, etc. of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesitis; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesitis* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Edema," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certhificates will be returned for additional information as the sole cause of the following diseases, without explanation, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the cause of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

162

City or Town

Wintthrop

No.

117, Brookfield Rd.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Anna Weise

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

117 Brookfield St.

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed or divorced
HUSBAND OF
(or) WIFE of

Gustave

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

65

1

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

New York

(State or country)

9 NAME OF
FATHER

Pierre Hoch

10 BIRTHPLACE OF
FATHER (City)

Germany

(State or country)

11 MAIDEN NAME
OF MOTHER

Dorothea Becker

12 BIRTHPLACE OF
MOTHER (City)

Germany

(State or country)

13 Informant

Mrs Cora W. Kelcher

(Address)

114 Brookfield Rd.

14 Filed

Sep. 13, 24

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Danieley

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

9

(Month)

7

(Day)

24

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan, 1924, to Sept. 7, 1924,

that I last saw h^e alive on Sept 7, 1924,

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH was as follows:

Carcinoma of Uterus

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of ___

Was there an autopsy? ___

What test confirmed diagnosis? ___

(Signed)

Harvey Asfelb

M. D.

(Address)

200 Pleasant St

Date

9

7

24

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Wintthrop Wintthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Sept 11, 1924

19 UNDERTAKER

John T. O'Malley Wintthrop

ADDRESS

Official position,

Health Officer

Date of
issue
of permit

9, 8, 24

Permit
NO.

801

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Shleeman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Porter," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CANCAHO DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the **IMMEDIATE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin is less definite, avoid use of "Tumor" for malignant neoplasms); *Mastitis*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mastitis* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhages," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winch
(City or town)
Registered No. *163*

1 PLACE OF DEATH
County *Suffolk* State *Mass*
City or Town *Winch* No. *Fort Banks Winch* St. *Ward*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Baby Bronson*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *Fort Banks* St. *Ward*.
(Usual place of abode)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

15 DATE OF DEATH *Sept. 9 1924*
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from *Sept 9, 1924* to *Sept 9, 1924*, that I last saw *him* alive on *19* and that death occurred, on the date stated above, at *m.* The CAUSE OF DEATH was as follows:

6 AGE Years Months Days If LESS than 1 day, ___ hrs. or ___ min.
X X X

Still born free premature separation of placenta with hemorrhage into umbilical cord. (duration) ___ yrs. ___ mos. *4* ds.

If STILLBORN, enter that fact here *Still Born*

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) Name of employer

CONTRIBUTORY (SECONDARY) (duration) ___ yrs. ___ mos. ___ ds

8 BIRTHPLACE (City) *Winch* (State or country) *Mass*

17 Where was disease contracted if not at place of death? *Same*
Did an operation precede death? *no* Date of

9 NAME OF FATHER *William Bronson*

Was there an autopsy? *no*
What test confirmed diagnosis? *Obviation of factors placenta*

10 BIRTHPLACE OF FATHER (City) *Orangeburg* (State or country) *S. Carolina*

(Signed) *Dr. W. H. ...* (Address) *Fort Banks, Mass* Date *Sept 9 - 1924* (Month) (Day) (Year)

11 MAIDEN NAME OF MOTHER *Ruth L. Hoover*

12 BIRTHPLACE OF MOTHER (City) *Chambersburg* (State or country) *Pa.*

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Winch* DATE OF BURIAL *9/10/24*
(Cemetery) (City or town)

13 Informant *Wm Bronson* (Address) *Fort Banks, Winch, Mass*

14 Filed *Sep. 12, 1924* (Month) (Day) (Year) REGISTRAR

19 UNDERTAKER *C.P. ...* ADDRESS *Winch, Mass*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *J. C. ...*

Official position *Health Officer* Date of issue of permit *9.12.24* Permit NO. *802*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid home, who are engaged in the duties of the household only) as *House-keepers* who receive a definite salary, may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DREAMER CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report, "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningis, peritonae, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
 FROM THE LAWS OF THE
 COMMONWEALTH OF MASSACHUSETTS
 GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposablely due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Windsor State Mass. Registered No. 164
(City or town)

City or Town Windsor No. 22 Read St. Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur H. Doherty
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 22 Read St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDWED, OR DIVORCED (write the word) _____

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months 11 Days 28 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) Name of employer _____

8 BIRTHPLACE (City) Windsor (State or country) Mass.

9 NAME OF FATHER Arthur H.

10 BIRTHPLACE OF FATHER (City) Windsor (State or country) Mass.

11 MAIDEN NAME OF MOTHER Mary M. Doherty

12 BIRTHPLACE OF MOTHER (City) Windsor (State or country) Mass.

13 Informant Arthur Doherty (Address) 22 Read St.

14 Filed Sep. 17 1924 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Linnell

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 12 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1924, to Sept 12, 1924, that I last saw him alive on Sept 12, 1924, and that death occurred, on the date stated above, at 3 P m. The CAUSE OF DEATH was as follows: acute gastric - arthritis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? (Signed) Ernest R. Booth, M. D. (Address) 2 Autumn St. E. B. Co. Date Sept 12 1924 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Windsor (Cemetery) (City or town) DATE OF BURIAL Sept 14 1924

19 UNDERTAKER Windsor ADDRESS Windsor

Official position Health Officer Date of issue of permit 9/13/24 Permit No. 895

should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Painter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The matter worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumaticism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town) Registered No. *165*

1 PLACE OF DEATH
County *Suffolk* State *Mass*
City or Town *Winthrop* No. *70 Moore St* St., *—* Ward *—*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Madison Lowell Page*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *70 Moore St* St., *—* Ward. *—*
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *7* years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed or divorced HUSBAND of (or) WIFE of *Single*

6 AGE Years Months Days If LESS than 1 day, ___ hrs. or ___ min.
26 *4* *21*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Restaurant*
(b) Name of employer *Owner*

8 BIRTHPLACE (City) *North. Belgrade*
(State or country) *Me*

9 NAME OF FATHER *Label. S. Page*

10 BIRTHPLACE OF FATHER (City) *North-Belgrade*
(State or country) *Me*

11 MAIDEN NAME OF MOTHER *Milinda Bickford*

12 BIRTHPLACE OF MOTHER (City) *Belgrade*
(State or country) *Me*

13 Informant *Chas. E. Page*
(Address) *28 Ancker St. Melton Mass*

14 Filed *Sep. 16 24*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Sept. 12 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Sept. 2*, 1924, to *Sept. 11*, 1924, that I last saw him alive on *Sept. 12*, 1924 and that death occurred, on the date stated above, at *3:30 A. m.*
The CAUSE OF DEATH was as follows:

Bronch. Pneumonia
(duration) ___ yrs. ___ mos. *6* ds.

CONTRIBUTORY *Cholecyctitis*
(SECONDARY) (duration) ___ yrs. ___ mos. *10* ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of *—*

Was there an autopsy? *No*

What test confirmed diagnosis?
(Signed) *Edward J. Franiger*, M. D.
(Address) *7 Irving St.*
Date *Sept. 13 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Mt Hope Boston*
(Cemetery) (City or town) DATE OF BURIAL *Sept 14 1924*

19 UNDERTAKER *C. P. Benson* ADDRESS *Winthrop*

Official position *Health officer* Date of issue of permit *9.3.24* Permit NO. *803*

Sept. 12, 1924

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing near (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Exam-ple: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia."); *Lobar pneumonia; Broncho pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum, etc.*; *Carcinoma, Sarcoma, etc.*; (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Malaria* (disease causing death), 29 da; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hæmation," "Marsanum," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal *septicæmia*," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbed fever, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall, forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . No such permit from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 166
City or Town Winthrop No. 37, Jewkesbury St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Susan. Mason. Hilliker
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 37 Jewkesbury St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Theodore. B Hilliker

6 AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
84 4 17

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer Home

8 BIRTHPLACE (City) Craftsbury
(State or country) Vermont

9 NAME OF FATHER Harrison. Mason

10 BIRTHPLACE OF FATHER (City) Craftsbury
(State or country) Vt.

11 MAIDEN NAME OF MOTHER Abigail Mills

12 BIRTHPLACE OF MOTHER (City) Craftsbury
(State or country) Vt.

13 Informant Elmer A. Somerville
(Address) 37 Jewkesbury St. Winthrop

14 Filed Sep. 17 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued R. P. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 12 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1922, to Sept 12, 1924, that I last saw h. on alive on Sept 12, 1924, and that death occurred, on the date stated above, at 9.20 P m.
The CAUSE OF DEATH was as follows:

Cerebral hemorrhage
(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) ? yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
(Signed) Richard T. Hart, M. D.
(Address) 114 Pleasant St.
Date Sept 13 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Belville Lawrence
(Cemetery) (City or town) DATE OF BURIAL 9/15/24

19 UNDERTAKER C. R. Benson ADDRESS Winthrop

Official position Health Officer Date of issue of permit 9/23/24 Permit NO. 804

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indented); *Tuberculosis of lungs, meninges, peritonium*, etc. *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anoxia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which to the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **immediately due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

305
 should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 7678 Registered No. 7678
 City or Town Boston No. FERRY BOAT NEWTOWNE (Place of residence) St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

CHARLES BLOMQUIST

(a) Residence. No. 35 PLUMMER (If in the Army or Navy of the United States, give rank, organization, etc.) St. Ward WINTHROP, MASS.
 (Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of HANNAH

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
59 3 25

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work CAPTAIN R. B. & L.
 (b) Name of employer R. R. FERRY 'NEWTOWNE'

8 BIRTHPLACE (city or town) SWEDEN
 (State or country)

9 NAME OF FATHER CARL J. BLOMQUIST

10 BIRTHPLACE OF FATHER (city or town) SWEDEN
 (State or country)

11 MAIDEN NAME OF MOTHER -----

12 BIRTHPLACE OF MOTHER (city or town) -----
 (State or country)

13 Informant WIFE
 (Address)

14 Filed SEPT. 19 1922 E. W. M. Glenew
 Registrar of city or town where death occurred

Filed Sept 30 1924
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH SEPT. 16 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

NATURAL CAUSES, PRESUMABLY CARDIO VASCULAR DIS. (SUDDEN DEATH)

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?
 (Signed) GEORGE BURGESS MAGRATH, M. D.

(Address) BOSTON
SUFFOLK CO.

Date SEPT. 16 1924
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL WINTHROP (WINTHROP CEM) DATE OF BURIAL SEPT. 18
 (Month) (Day) (Year)

19 UNDERTAKER C. R. BENNISON ADDRESS WINTHROP

20 Burial permit issued by Official position

21 Date of issue 1924

EXTRACTS

**FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS**

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Sept. 16. 1924

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)
Registered No. *168*

1 PLACE OF DEATH
County *Suffolk* State *Mass*
City or Town *Winthrop* No. *Winthrop Community Hosp. St.* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Henry Furlong*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *195 Main* St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5a If married, widowed or divorced HUSBAND of (or) WIFE of *Margaret*

6 AGE Years *54* Months Days If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Gate Tender* (b) Name of employer

8 BIRTHPLACE (City) *Cape Breton* (State or country)

9 NAME OF FATHER *John*

10 BIRTHPLACE OF FATHER (City) *Cape Breton* (State or country)

11 MAIDEN NAME OF MOTHER *Cannot be learned.*

12 BIRTHPLACE OF MOTHER (City) *Cannot be learned.* (State or country)

13 Informant *Mrs Margaret Furlong* (Address) *195 Main St.*

14 Filed *Sep. 24/24* (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *9 16 24*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *June*, 19*24*, to *Sept 16*, 19*24*, that I last saw h *25* alive on *Sept 16*, 19*24* and that death occurred, on the date stated above, at ___ m. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

CONTRIBUTORY (SECONDARY) (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ___

Did an operation precede death? *yes* Date of *9/16-24*

Was there an autopsy? *no*

What test confirmed diagnosis? (Signed) *Harvey A. Kelly* M. D. (Address) *200 1/2 Belmont St* (Date) *9 16 24* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Holy Cross* *Malden* (Cemetery) (City or town) DATE OF BURIAL *Sept 19, 1924*

19 UNDERTAKER *John F. O'Malley* *Winthrop*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels* Official position *Health Officer* Date of issue *9/18/24* Permit NO. *506*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*, *Whooping cough*, *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Comaical," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, as hereinafter provided. If his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)
Registered No. *169*

1 PLACE OF DEATH
County *Suffolk* State *Mass*
City or Town *Winthrop* No. *15* St. *Olds* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Caroline Cornelia Paige*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *230 Bellevue St.* St. *Newton* Ward. *Newton*
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *—* years *4* months *—* days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*
4 COLOR OR RACE *W.*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of *George B Paige*
6 AGE *71* Years *8* Months *5* Days If LESS than 1 day, hrs. or min.
If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....
(b) Name of employer

8 BIRTHPLACE (City) *Reading*
(State or country) *MA*

9 NAME OF FATHER *Amosus K Howard*
10 BIRTHPLACE OF FATHER (City) *Marlow*
(State or country) *N. H.*
11 MAIDEN NAME OF MOTHER *Jane Adams*
12 BIRTHPLACE OF MOTHER (City) *Amherst*
(State or country) *MA*

13 Informant *Mrs M. A Wheeler*
(Address) *230 Bellevue St. Newton*

14 Filed *Sept. 24/24*
(Month) (Day) (Year)
REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *L. J. Daniels*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Sept 23 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *May 12*, 19*24*, to *Sept 23*, 19*24* that I last saw him alive on *Sept 20*, 19*24* and that death occurred, on the date stated above, at *2:30 P.* m. The CAUSE OF DEATH was as follows: *Cerebral arteri sclerosis*

CONTRIBUTORY (SECONDARY) *Seriously*
(duration) *10* yrs. *—* mos. *—* ds.
severe (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? *—*
Did an operation precede death? *no* Date of *—*
Was there an autopsy? *no*
What test confirmed diagnosis? *Clinical*
(Signed) *Owelle E Johnson, M.D.*
(Address) *123 Winthrop*
Date *Sept 23 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *North Charles St. N. H.*
(Cemetery) (City or town) DATE OF BURIAL *Sept 26 1924*

19 UNDERTAKER *Henry J. Lantz* ADDRESS *Newton*

Official position *Health Officer* Date of issue *9 23 24* Permit No. *—07*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; If whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**

(2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.**

(3) **Medical examiners will investigate and certify to all deaths supposedly due to injury.** These include not only deaths caused directly or indirectly by traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *170*

City or Town *Wintrop* No. *365 Shirley* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Joseph Saunders*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No. *365 Shirley* St., Ward.
(Usual place of abode) *Wintrop* (If non-resident give city or town and state)
Length of residence in city or town where death occurred *7* years *6* months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

15 DATE OF DEATH *September 26 1924*
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of (or) WIFE of *Elizabeth & Norman*

16 I HEREBY CERTIFY, That I attended deceased from *Sept 26*, 19*24*, to *Sept 26*, 19*24*, that I last saw h^e alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH was as follows:
Heart Disease

6 AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
41 *9* *1*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Ice Cream Maker*
(b) Name of employer

CONTRIBUTORY (SECONDARY) *Adema of lungs*
(duration) ____ yrs. ____ mos. ____ ds.
(duration) ____ yrs. ____ mos. ____ ds.

8 BIRTHPLACE (City) *Gloucester*
(State or country) *Mass.*

9 NAME OF FATHER *Joseph Saunders*

10 BIRTHPLACE OF FATHER (City) *Bore Islands*
(State or country)

17 Where was disease contracted if not at place of death? *Home*
Did an operation precede death? *No* Date of _____
Was there an autopsy? *No*

11 MAIDEN NAME OF MOTHER *Amelia Selva*

12 BIRTHPLACE OF MOTHER (City) *Bore Islands*
(State or country)

What test confirmed diagnosis?
(Signed) *Edward J. Gentry*, M. D.
(Address) *62 W. Main St.*
Date *Sept 26 1924*
(Month) (Day) (Year)

13 Informant *Mrs. Elizabeth L. Saunders*
(Address) *365 Shirley St. Wintrop Mass.*

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Wobray, Gloucester*
(Cemetery) (City or town) DATE OF BURIAL *Sept. 28/24*

14 Filed *10-3-24*
(Month) (Day) (Year) REGISTRAR *W. Adams*

19 UNDERTAKER *James C. Greeley* ADDRESS *Gloucester Mass*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Official position *Health Officer* Date of issue of permit *Sept 26/24* Permit NO. *808*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for this latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Never return "Laborer" on any form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths 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.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *171*
City or Town *Wentworth* No. *100, Freeman St* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Edward Churchill Blossom*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *100 Freeman* St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *6* years *X* months *X* days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5a If married, widowed or divorced HUSBAND of *Gda. M. Blossom* (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
56 *2* *27*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Druggist (Pharmacist)*
(b) Name of employer *H. C. Brown Wentworth*

8 BIRTHPLACE (City) *Boston*
(State or country) *Mass*

9 NAME OF FATHER *Henry C. Blossom*

10 BIRTHPLACE OF FATHER (City) *West Barnstable*
(State or country) *Mass*

11 MAIDEN NAME OF MOTHER *Annie M. Gardner*

12 BIRTHPLACE OF MOTHER (City) *Nantucket*
(State or country) *Mass*

13 Informant *Gda. M. Blossom*
(Address) *100 Freeman St - Wentworth*

14 Filed *9/24*
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Sept. 27 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Dec*, 1924, to *Sept 27*, 1924,
that I last saw him alive on *Sept 27*, 1924,
and that death occurred, on the date stated above, at *3:15 p.m.*
The CAUSE OF DEATH was as follows:
Cardio-Renal
(Ch Myocarditis, Ch Intercostal Refl)

CONTRIBUTORY (SECONDARY) *Indefinite* (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? *no* Date of _____
Was there an autopsy? *no*

What test confirmed diagnosis? _____
(Signed) *Henry G. Tron*, M. D.
(Address) *215 Miami*
Date *Sept 29 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *West Barnstable - Barnstable*
(Cemetery) (City or town) DATE OF BURIAL *9/30/24*

19 UNDERTAKER *C.R. Bennett Wentworth* ADDRESS *Mass*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H.C. Daniel* Official position *Health Officer* Date of issue of permit *9/29/24* Permit NO. *809*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Color mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer" "Porter-man," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indistinct); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name or origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mastitis*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mastitis* (disease causing death), *2d ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Convulsion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or marriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH
County Suffolk State Massachusetts (City or town)
City or Town Boston No. 254 Main Street Winthrop Registered No. 108
Ward Winthrop
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Driscoll
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 254 Main Street St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred years 6 months days. How long in U. S., if of foreign birth? 60 years months days (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Marion Winn

6 AGE Years 73 Months Days
If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer Cigar Man'f.

8 BIRTHPLACE (City) Ireland
(State or country)
9 NAME OF FATHER John Driscoll

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Mary Mahoney

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Mrs. Marion Driscoll
(Address) 254 Main Street Winthrop

14 Filed Oct 23 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct. 6 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 26, 1924, to Oct 6, 1924, that I last saw him alive on Oct 6, 1924, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY asthma
(SECONDARY) (duration) 10 yrs. mos. ds.

17 Where was disease contracted if not at place of death? FOR WHAT? Mass.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) J. Pay W. Layton, M. D.
(Address) Winthrop Mass
Date Oct 8 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden DATE OF BURIAL Oct 9th 1924
(Cemetery) (City or town)

19 UNDERTAKER Richard C. Kirby ADDRESS Boston

Official position Health Officer Date of issue of permit 10 19 24 Permit No. S. 0

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs meningis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Anæmia" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mæsles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mæsles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asihemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Premia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH *Winthrop*
County *Suffolk* State *Massachusetts* Registered No. _____
City or Town *Winthrop* No. *96 Marshall* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Kathleen E m^c Rough*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *96 Marshall* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Austin J*
6 AGE *47* Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED *Housewife*
(a) Trade, profession, or particular kind of work (b) Name of employer
8 BIRTHPLACE (City) *Nova Scotia*
(State or country)

9 NAME OF FATHER *Philip Diggdon*
10 BIRTHPLACE OF FATHER (City) *Nova Scotia*
(State or country)
11 MAIDEN NAME OF MOTHER *Annie Smith*
12 BIRTHPLACE OF MOTHER (City) *Nova Scotia*
(State or country)

13 Informant *Austin J m^c Rough*
(Address) *96 Marshall St, Winthrop*
14 Filed *Oct 16 1924*
(Month) (Day) (Year) REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Oct 8 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Aug. 1*, 1924, to *Oct 8*, 1924, that I last saw her alive on *Oct 8*, 1924, and that death occurred, on the date stated above, at *7 P* m. The CAUSE OF DEATH was as follows -

Acute dilatation of heart

(duration) *suddenly* yrs. mos. ds.
CONTRIBUTORY *Labor in childbirth*
(SECONDARY) (duration) yrs. mos. ds. *1/4*

17 Where was disease contracted if not at place of death? *NO*

Did an operation precede death? FOR WHAT? Date of *NO*

Was there an autopsy? *NO*

What test confirmed diagnosis? *Physical exami- nation*
(Signed) *D. S. Valchayan*, M.D.
(Address) *5 Nichols St, Chelsea*
Date *10 10 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Holy Cross Malden*
(Cemetery) (City or town) DATE OF BURIAL *Oct 11 /24*

19 UNDERTAKER *Frederick H Jake* ADDRESS *Winthrop*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. D.aniel*
Official position, *Health Officer* Date of issue of permit *10/14/24* Permit No. *811*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archdeacon, Locomotive engineer, Civil Engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (void use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*; *meninges*; *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; void use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Chronic disease causing death, 28 ds.; Bronchopneumonia (secondary), 10 ds.* Never report more symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH Winthrop County Suffolk State Massachusetts Registered No. _____
City or Town Winthrop No. 96, Marshall St., _____ Ward _____
Boston (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas M^c Rough (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 96 Marshall St., _____ Ward _____ (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

stillborn

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) Name of employer _____

8 BIRTHPLACE (City) Winthrop (State or country) Mass

9 NAME OF FATHER Austin J

10 BIRTHPLACE OF FATHER (City) nova Scotia (State or country) _____

11 MAIDEN NAME OF MOTHER Kathleen E Duggdon

12 BIRTHPLACE OF MOTHER (City) nova Scotia (State or country) _____

13 Informant Austin J M^c Rough (Address) 96 Marshall St, Winthrop

14 Filed Oct 16 1924 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Davill

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 10 5 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1924, to Oct 8, 1924, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:

still born

CONTRIBUTORY unknown (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____ FOR WHAT? _____

Did an operation precede death? _____ Date of NO

Was there an autopsy? _____ If Under One Year, Was Baby Breast Fed _____

What test confirmed diagnosis? physical exam.
(Signed) D. S. Valohajian M. D.
(Address) 5 Nichol St. Chelsea
Date 10 10 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town) DATE OF BURIAL Oct 11/24

19 UNDERTAKER Frederick H Tabe ADDRESS Winthrop

Official position, Health Officer Date of issue of permit 10/16/24 Permit NO. 812

N. B. - WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer" "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Wife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, state occupation indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indented); *Tuberculosis of lungs*, *marriage*, *peritonium*, etc., *Coronaria*, *Sarcocoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere (merely) symptoms or terminal conditions, such as "Asphemia," "Anemia," "Stons," "Debility" ("Congestive"), "Collapse," "Coma," "Convulsions," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EX. 8.1924
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person from any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required by the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston Winthrop No. 190 Pleasant

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Charles Freeman Parker

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 190 Pleasant

(Usual place of abode)

St., Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male White

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

77

-

26

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Wholesale Grocer

(b) Name of employer

Business

8 BIRTHPLACE (City)

Nantucket

(State or country)

Mass

9 NAME OF
FATHER

Freeman Parker

10 BIRTHPLACE OF
FATHER (City)

Barnstable

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

Elizabeth Macy

12 BIRTHPLACE OF
MOTHER (City)

Nantucket

(State or country)

Mass

13 Informant

Clara M Parker

(Address)

190 Pleasant St. Winthrop

14 Filed

Oct 23 1924

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

10

8

24

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jun., 1924, to 10-8, 1924

that I last saw him alive on 10-8, 1924

and that death occurred, on the date stated above, at 11:45 p.m.

The CAUSE OF DEATH was as follows:

Angina Pectoris

CONTRIBUTORY

(SECONDARY)

Chronic Prostatitis

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? ~~No~~ Date of

Was there an autopsy? ~~No~~

What test confirmed diagnosis?

(Signed) Harry Ashely M.D.

(Address) 190 Pleasant St. W.

Date 10-8-24

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn

(Cemetery)

Everett

(City or town)

DATE OF BURIAL

Oct 11 1924

19 UNDERTAKER

Frank P. Brown

ADDRESS

C. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

Official position

Health Officer

Date of issue

of permit 10/11/24 No. 813

Permit

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Coal miner, Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specially the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of..... (name organ); "Cancer" is less desirable; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known, otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

CERTIFICATE OF DEATH

STATE OF VERMONT

No. 940

Place of death:

County Chittenden

City (or) Town Burlington Ward 5

Street and No. 150 Bank

Full Name Eugene Curry

Special Information for Hospitals, Institutions, Transients, or Non-Residents.

Former, or Usual Residence Northrop, Mass

How long at place of death 7 weeks

If in Hospital or Institution give its name The Sparkhawk Sanitarium

PERSONAL AND STATISTICAL PARTICULARS

Sex M Color or race W

Single, Married M
Widowed or Divorced

Date of birth
Month May Day 7 Year 1854

Age 70 years 5 mos. 3 days

Occupation (If none so state) Travelling Salesman

Birthplace (State or Country) Hinesburgh

Name of husband or wife, if married Grace Myllie

Name of Father Andrew Curry

Birthplace of Father (State or Country) Vt

Maiden name of Mother Emily Andrews

Birthplace of Mother (State or Country) Sheburne, Vt.

The above particulars are true to the best of my knowledge and belief.

Informant Mrs. Eugene Curry
Address Northrop, Mass.

Place of burial Chelsea, Mass.

Date of burial Oct. 12 - 1924

Undertaker P. H. Curney
Address Burl. Vt.

To be filled out by person issuing burial permit.

MEDICAL CERTIFICATE AT DEATH

Date of death
Month Oct. Day 10 Year 1924

I hereby certify that I attended the deceased from Aug. 19 1924 to Oct. 10 1924 that I last saw him alive on Oct. 7 1924 and that death occurred on the date stated above at C. R. M.

To the best of my knowledge and belief the cause of death was as follows:

CAUSE OF DEATH

(See instructions on back)

Chief Cerebral Hemorrhage
Contributing

Duration

Where contracted

Signed Sam. Sparkhawk M. D.

Date Oct. 10, 1924

Address

Filed Oct 11 1924

218
Eugene Curry
Oct. 10. 1924

I hereby certify that the foregoing is a true copy.

Dec. 22 1924

Town Clerk.

Section 3777. Non-Residents; Certified Copies.

Certified copies when parties are non-residents. Said clerk shall, on the first day of each month, make a certified copy of all births, marriages and deaths filed in his office during the preceding month, whenever the parents of a child born, or a bride or a groom or a deceased person was a resident in any other town at the time of such birth, marriage or death, and shall transmit such certified copies to the clerk of the town in which such parents of a child born, the bride or the groom or the deceased was a resident at the time of such birth, marriage or death; and the clerk receiving such copies shall file the same.

These blanks may be obtained of the Secretary of the State Board of Health.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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 occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not factually employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebrospinal meningitis"); *Dysphenteric* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; "Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely sym-tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebidity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop

~~BOSTON~~

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

~~BOSTON~~

Winthrop

No.

46 Pleasant Park Road

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sarah Agnes Nyman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 46 Pleasant Park Rd. St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

9

years

2

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

William H. Nyman

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

55

4

6

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housekeeper

(b) Name of employer

8 BIRTHPLACE (City)

Southbridge, Mass.

(State or country)

9 NAME OF
FATHER

Benajah U. Bugbee

10 BIRTHPLACE OF
FATHER (City)

Knox, Conn.

(State or country)

11 MAIDEN NAME
OF MOTHER

Emma J. Curtis

12 BIRTHPLACE OF
MOTHER (City)

Southbridge, Mass.

(State or country)

13

Informant

W. W. Nyman

(Address)

46 Pleasant Park Rd.

14

Filed

Oct. 2, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

K. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

10

12

24

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1924, to Oct 12, 1924

that I last saw h 2 alive on

Oct 12, 1924

and that death occurred, on the date stated above, at 11:00 p. m.

The CAUSE OF DEATH was as follows:

Acute Dilatation of Heart

CONTRIBUTORY

(SECONDARY)

Chronic Intestinal Pyelitis

(duration)

yrs.

mos.

ds.

17 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

FOR WHAT?

Was there an autopsy?

If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis?

(Signed)

H. C. Curtis, M. D.

(Address)

2nd St. Southbridge

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Bellevue Cemetery, Southbridge, Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

Oct. 15, 1924

19 UNDERTAKER

J. S. Waterman & Sons Boston

Official position

Health Officer

Date of

issue

of permit

10/4/24

Permit

NO.

814

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS AT ALL TIMES ESSENTIAL. PHYSICIANS should state CAUSE OF DEATH
should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH
in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See
instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Painter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic calcular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death); *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (neverly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following disease, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

10-12-1924
EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths unobscurable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Regi

City or Town

Boston

No.

Winthrop

Comm

(If death occurred in a hospital or institution, give its NAME)

2 FULL NAME

Ethel M. Homer

(If in the Army or Navy of the United States, give rank, ...)

(a) Residence, No.

234 Bowdoin

St.,

1

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Edward H. Homer Jr

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

31

7

29

STILLBORN, enter fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

Chelsea
Mass

(State or country)

9 NAME OF FATHER

John L. Moore

10 BIRTHPLACE OF FATHER (City)

Newfoundland

(State or country)

11 MAIDEN NAME OF MOTHER

Velma C. Martin

12 BIRTHPLACE OF MOTHER (City)

Newfoundland

(State or country)

PARENTS

13

Informant

Husband, Ethel M. Homer Jr

(Address)

234 Bowdoin St., Winthrop, Mass

14

Filed

Oct 23 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Mehanick

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct

15

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 7, 1924, to Oct 15, 1924,

that I last saw her alive on Oct 15, 1924,

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH was as follows:

Broncho pneumonia

(duration) ___ yrs. ___ mos. 10 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? no Date of

Was there an autopsy? no If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis? Personal Observation

(Signed)

Raymond B Parker, M. D.

(Address)

Winthrop, Mass

Date

Oct

16

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

Winthrop Cem. Winthrop

(City or town)

DATE OF BURIAL

Oct. 17 1924

19 UNDERTAKER

Walter J. White Winthrop

ADDRESS

Official Health Officer
position

Date of issue of permit

10 124

Permit

NO.

815

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *City engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, the business or industry and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *Occupations of persons engaged in domestic service for wages*, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. Contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Edema," "Heart failure," "Hemorrhage," "Icterus," "Jaundice," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

UCertificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Oct. 15, 1924

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standardized certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the date, manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Wintthrop No. 5 Wilshire St., Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William F. Donovan
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 5 Wilshire St., Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

| PERSONAL AND STATISTICAL PARTICULARS | | | | |
|---|--|---|-------------------|---|
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> | | |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | | | |
| 6 AGE | Years <u>17</u> | Months <u>7</u> | Days <u>27</u> | If LESS than 1 day, _____ hrs. or _____ mo. |
| If STILLBORN, enter that fact here _____ | | | | |
| 7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Student</u> (b) Name of employer _____ | | | | |
| 8 BIRTHPLACE (City) (State or country) <u>Wintthrop</u> <u>Mass</u> | | | | |
| PARENTS | 9 NAME OF FATHER <u>William F.</u> | | | |
| | 10 BIRTHPLACE OF FATHER (City) (State or country) <u>E. Boston</u> <u>Mass.</u> | | | |
| | 11 MAIDEN NAME OF MOTHER <u>Margaret Sullivan</u> | | | |
| | 12 BIRTHPLACE OF MOTHER (City) (State or country) <u>E. Boston</u> <u>Mass</u> | | | |

| MEDICAL CERTIFICATE OF DEATH | | | |
|---|-----------------------|--------------------|-----------------------|
| 15 DATE OF DEATH | <u>Oct</u> (Month) | <u>17</u> (Day) | <u>1924</u> (Year) |
| 16 I HEREBY CERTIFY, That I attended deceased from <u>Aug 1</u> , 19 <u>24</u> , to <u>Oct 17</u> , 19 <u>24</u> that I last saw him alive on <u>Oct 16</u> , 19 <u>24</u> , and that death occurred, on the date stated above, at <u>9.45 A.M.</u> The CAUSE OF DEATH was as follows: <u>Endocarditis chronic</u> (duration) <u>1</u> yrs. _____ mos. _____ ds. | | | |
| CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds. | | | |
| 17 Where was disease contracted if not at place of death? _____ | | | |
| Did an operation precede death? <u>No</u> Date of _____ | | | |
| Was there an autopsy? <u>No</u> | | | |
| What test confirmed diagnosis? (Signed) <u>Edward J. Franzer</u> , M.D. (Address) <u>7 Irving St.</u> Date <u>Oct 17</u> , 19 <u>24</u> . (Month) (Day) (Year) | | | |

13 Informant William F. Donovan
(Address) 5 Wilshire
14 Filed Oct 23 1924
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
H. C. Daniels
9. 3. 9.
Official Health Officer Date of issue of permit Oct 17, 1924 No. 516 Permit

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Crane engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer"; "Foreman"; "Manager"; "Dealer"; etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal hold only* (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report spouses, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (*retired*, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-meningitis*; *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningis* (disease causing death), 59 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as *Asthemia*, "Anemia" (merely symptomatic), "Atrophy", "Collapse", "Coma", "Convulsions", "Debility" ("Congenital", "Senile", etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemorrhage", "Intention", "Marasmus", "Old age", "Shock", "Uremia", "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal *epilepsia*", "Puerperal *peritonitis*", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

17. 1924

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased. His supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 the deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

18,676

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County

Suffolk

State

Registered No.

City or Town

Winthrop

No.

112 Locust

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John C. Sullivan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Winthrop, 112 Locust St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

70

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF
FATHER

Patrick

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Maria M. Dermot

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13 Informant

Mrs Mary M. McKeena
2 Locust St.

(Address)

14

Filed

Oct 23, 1924

(Month)

(Day)

(Year)

REGISTRAR

20 Burial permit
issued by

H. C. Daniels

Official
position

Health Officer

21 Date of
issue

10/18/24

Permit
No.

817

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

October 17, 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Natural Causes:
Cardio-vascular disease.
(Sudden death.)

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed) George Burgess Maguire, M.D.

(Address)

Medical Examiner for

Suffolk

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Holy Cross

(Cemetery)

Malden

(City or town)

DATE OF BURIAL

Oct 20, 1924

(Month) (Day) (Year)

19 UNDERTAKER

John F. Mahoney

ADDRESS

Winthrop

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

DESCRIPTION (for unknown person)

.....

.....

.....

.....

.....

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

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.)"

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

1024. 17. 1924

The Commonwealth of Massachusetts

Danvers

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Essex Mass.

Registered No. (Place of death)

County Danvers State Danvers State Hospital

Registered No. (Place of residence)

City or Town No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James D. Floyd

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. St.

(Usual place of abode)

Length of residence in city or town where death occurred years months 6 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE 52 Years Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED janitor (a Trade, profession, or particular kind of work) (b) Name of employer

8 BIRTHPLACE (city or town) Mass. (State or country)

9 NAME OF FATHER Albert Floyd

10 BIRTHPLACE OF FATHER (city or town) Mass. (State or country)

11 MAIDEN NAME OF MOTHER Carrie Allen

12 BIRTHPLACE OF MOTHER (city or town) New Hampshire (State or country)

13 Informant Clare Powers, Bathorne, Mass. (Address)

14 Filed 10/27/24, 1924 Registrar of city or town where death occurred

Filed Nov 8, 1924 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH October 22, 1924. (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1924, to Oct. 22, 1924, that I last saw him alive on Oct. 22, 1924, and that death occurred, on the date stated above, at 4.10P. m. The CAUSE OF DEATH was as follows:

General Paresis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Guy C. Randall, M.D.

(Address) Hathorne, Mass.

Date Oct. 24, 1924. (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Cem. Winthrop 10/25/24. (Cemetery) (City or town) DATE OF BURIAL 19

19 UNDERTAKER Frank E. Brown (E.) Boston ADDRESS

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter*, (b) *Coloring mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningea*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Irritability" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts
1924,
STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State **Massachusetts**

Registered No. **8738**
(Place of death)

City or Town **Boston**

No. **NEW ENGLAND BAPTIST HOSPT** St. **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

NANCY E. LITTLEFIELD

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **141 LORING ROAD** St. **5**
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **S**

15 DATE OF DEATH **OCT. 22ND**, 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from **SEPT. 1**, 19**24**, to **OCT. 22**, 1924

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
42 **7** **11**

that I last saw **HER** alive on **OCT. 22**, 1924, and that death occurred, on the date stated above, at **8.52A.** m.
The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here

PRIMARY HYPERTHYROIDISM

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **HOUSEKEEPER**
(b) Name of employer

(duration) **2** yrs. mos. ds.
CONTRIBUTORY **MYOCARDIAL FAILURE**
(SECONDARY) (duration) yrs. mos. ds.

8 BIRTHPLACE (city or town) **LYMAN**
(State or country) **ME.**

17 Where was disease contracted if not at place of death?
Did an operation precede death? **YES** Date of **SEPT. 9 &**
Was there an autopsy? **OCT. 22 '24**

9 NAME OF FATHER **CYRUS K. LITTLEFIELD**

10 BIRTHPLACE OF FATHER (city or town) **LYMAN**
(State or country) **ME.**

11 MAIDEN NAME OF MOTHER **NANCY WELCH**

12 BIRTHPLACE OF MOTHER (city or town) **LYMAN**
(State or country) **ME.**

What test confirmed diagnosis?
(Signed) **R. L. MASON**, M.D.
(Address)
Date **OCT. 22, 1924**
(Month) (Day) (Year)

13 Informant **ELSIE M. LITTLEFIELD**
(Address)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **LYMAN, ME.**
(Cemetery) (City or town) DATE OF BURIAL **OCT. 25 1924**

14 Filed **OCT. 27, 1924** **E. W. McEleney**
Registrar of city or town where death occurred
Filed **Dec 3, 1924**
Registrar of city or town where deceased resided

19 UNDERTAKER **F. E. BROWN**
ADDRESS

carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Painter," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meninges* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Lobility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "In-antion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PER-PERTAUPER *ephemera*," "PERTAUPER *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscer-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop
BOSTON
(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Massachusetts Registered No. _____
 City or Town Winthrop No. 33 Crystal Cove Ave St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hugh P. Treanor
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 33 Crystal Cove Ave Ward Winthrop Mass
 (Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Sarah

6 AGE Years 58 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Plumber (b) Name of employer _____

8 BIRTHPLACE (City) Canada (State or country) _____

9 NAME OF FATHER Peter

10 BIRTHPLACE OF FATHER (City) Ireland (State or country) _____

11 MAIDEN NAME OF MOTHER Mary Ryan

12 BIRTHPLACE OF MOTHER (City) Ireland (State or country) _____

13 Informant Sarah Treanor (Address) 33 Crystal Cove Ave

14 Filed 10/25/24 (Month) (Day) (Year) REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct. 27, 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1924, to Oct 27, 1924, that I last saw him alive on Oct 24, 1924, and that death occurred, on the date stated above, at 9A m. The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____ FOR WHAT? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? Yes If Under One Year, Was Baby Breast Fed _____
 What test confirmed diagnosis? _____
 (Signed) C. J. Mulholland, M. D.
 (Address) 352 Mulholland B
 Date Oct 27 1924 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Johns River Malden DATE OF BURIAL 10/27/1924
 (Cemetery) (City or town)

19 UNDERTAKER Jos L. Burke ADDRESS 75 Chamber St

Official position Health Officer Date of issue of permit 10/25/24 Permit NO. 8-18

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
H. C. Daniel

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer;" "Foreman;" "Manager;" "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indelicate); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name of site); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following abuses, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. _____
City or Town **Boston** No. **73 Otis** St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Josephine Brown
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. **73 Otis** St. _____ Ward **Winthrop**
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**5a If married, widowed, or divorced
HUSBAND of **Benjamin Brown**
(or) WIFE of _____6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
78 **2** **4**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at Home**
(b) Name of employer _____8 BIRTHPLACE (City) **East Boston**
(State or country)9 NAME OF FATHER **Thomas W. Bossey**10 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)11 MAIDEN NAME OF MOTHER **Elizabeth Pevas**12 BIRTHPLACE OF MOTHER (City) **St. Johns N. B.**
(State or country)13 Informant **Mr. Cushman**
(Address) **73 Otis St. Winthrop**14 Filed **10/28/24**
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or trans't permit was issued

H. C. Daniels
9/18

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **October 26 1924**
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from **Sept 21**, 19**24**, to **October 26**, 19**24**, that I last saw him alive on **Oct 26**, 19**24**, and that death occurred, on the date stated above, at **1:15 P.** m. The CAUSE OF DEATH was as follows:**Cerebral Hemorrhage**
Immediate (duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY **Arterio Sclerosis**
(SECONDARY) **several** (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted _____ if not at place of death? _____

Did an operation precede death? **no** Date of **no**Was there an autopsy? **no**What test confirmed diagnosis? **clinical**
(Signed) **Orville E. Palmer**, M.D.(Address) **Winthrop**
Date **October 26 1924**
(Month) (Day) (Year)18 PLACE OF BURIAL, CREMATION, OR REMOVAL **Woodlawn Everett**
(Cemetery) (City or town) DATE OF BURIAL **10/28/24**19 UNDERTAKER **Frank E. Brown** ADDRESS **East Boston**Official position **Health Officer** Date of issue of permit **10/28/24** Permit No. **821**

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*. *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Woodsmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *89 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as *Apathemia*, "Anemia" (merely symptomatic), "Atrophy," "Senile," "Epilepsy," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 33)

County Suffolk

State

Registered No.

City or Town Wintthrop

No. 52, Cottage Park Road

Ward

(If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME

Edward Berley Morse

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 52 Cottage Park Road

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5a If married, widowed or divorced

HUSBAND of

Cecilia J. Morse

(or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, ... hrs. or min.

75

8

9

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Architect

(b) Name of employer

8 BIRTHPLACE (City)

Nashua

(State or country)

New Hampshire

9 NAME OF FATHER

Berley Morse

10 BIRTHPLACE OF FATHER (City)

Nashua

(State or country)

New Hampshire

11 MAIDEN NAME OF MOTHER

Lucy B. Alden

12 BIRTHPLACE OF MOTHER (City)

Claremont

(State or country)

New Hampshire

13

Informant

Mrs. Morse

(Address)

52 Cottage Park Rd Wintthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct

26

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes
Cardio-vascular disease
(Sudden death)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed)

George Augustus Magrath

M.D.

(Address)

Medical Examiner for

Suffolk

Date

(Month)

(Day)

(Year)

Oct 27

1924

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Wintthrop
(Cemetery)

Wintthrop
(City or town)

DATE OF BURIAL

Oct 28 1924
(Month) (Day) (Year)

19 UNDERTAKER

J. S. Waterman & Son Boston

ADDRESS

20 Burial permit issued by

H. C. Daniels

Official position

Health Officer

21 Date of issue

10/25/24

Permit No.

820

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State _____ Registered No. _____
City or Town *Winthrop* No. *Fort Banks* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Betty Gordon, Dr. Nemegyeri*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *Fort Banks* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months *24* days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

15 DATE OF DEATH *October 27 1974*
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of (or) WIFE of *Felix, Dr. Nemegyeri*

16 I HEREBY CERTIFY, That I attended deceased from *Oct. 3 - 1974*, to *Oct. 27 1974*, that I last saw her alive on *Oct. 26 1974*

6 AGE Years _____ Months *16* Days *5* If LESS than 1 day, _____ hrs. or _____ min.

and that death occurred, on the date stated above, at *4 a.* m.
The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here _____

Uremias -

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *none* (b) Name of employer _____

(duration) _____ yrs. _____ mos. *7* ds.
CONTRIBUTORY *Chronic parenchymatous phthisis*
(SECONDARY) *unknown* (duration) _____ yrs. _____ mos. _____ ds

8 BIRTHPLACE (City) *Washington D.C.*
(State or country)

17 Where was disease contracted if not at place of death? *Same*

9 NAME OF FATHER *Noble Young*

Did an operation precede death? *no* Date of _____

10 BIRTHPLACE OF FATHER (City) *Baltimore Md*
(State or country)

Was there an autopsy? *no*

11 MAIDEN NAME OF MOTHER *Adelaid McWilliams*

What test confirmed diagnosis? *Clinical laboratory*
(Signed) *Betty Greenlee, M.D.* M. D.

12 BIRTHPLACE OF MOTHER (City) *St Marys Co White Plains Maryland*
(State or country)

(Address) *Fort Banks, Mass*
Date *Oct. 27 1974*
(Month) (Day) (Year)

13 Informant *Bela, Dr. Nemegyeri*
(Address) *2015 - R. St Washington D.C.*

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Congressional Cemetery Washington D.C.* DATE OF BURIAL *10/31/74*
(Cemetery) (City or town)

14 Filed _____ (Month) (Day) (Year) REGISTRAR _____

19 UNDERTAKER *C.R. Benson* ADDRESS *Winthrop*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H.C. Danily*

Official position *Health Officer* Date of issue of permit *10/27/74* Permit NO. *819*

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation, its very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic tubercular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

02
 CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

The Commonwealth of Massachusetts

1924, STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town) 8869

1 PLACE OF DEATH

County Suffolk

State Massachusetts

Registered No. (Place of death)

City or Town Boston

No. PETER BENT BRIGHAM HOSPT.

Registered No. (Place of residence)

St. Ward

2 FULL NAME SADIE RUBIN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. (Usual place of abode)

City or Town WINTHROP No. 140 CLIFF AVE. St. --

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years 27 Months 2 Days 20 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work BOOK-KEEPER (b) Name of employer

8 BIRTHPLACE (city or town) RUSSIA (State or country)

9 NAME OF FATHER LOUIS RUBIN

10 BIRTHPLACE OF FATHER (city or town) RUSSIA (State or country)

11 MAIDEN NAME OF MOTHER RACHAEL COHEN

12 BIRTHPLACE OF MOTHER (city or town) RUSSIA (State or country)

13 Informant M. L. GOODMAN (Address)

14 Filed NOV. 1, 1924 E. W. M. Glenen Registrar of city or town where death occurred Filed Dec. 3, 1924 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH OCT. 29, 1924 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from OCT. 27, 1924, to OCT. 29, 1924

that I last saw h ER alive on OCT. 29, 1924, and that death occurred, on the date stated above, at 3.50A m. The CAUSE OF DEATH was as follows:

CHR. MYOCARDITIS

CONTRIBUTORY MITRAL STENOSIS (SECONDARY) (duration) 8 yrs. mos. ds. (duration) 2 yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? (Signed) B. H. MASON, M.D.

(Address) OCT. 29, 1924 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL MANCHESTER, N. H. (HEBREW CEM) (City or town) DATE OF BURIAL OCT. 29, 1924

19 UNDERTAKER JOS. P. DEVINE ADDRESS MANCHESTER

Statement of occupation.—Precise statement of occupation, in very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the sickness causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *§9 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asbestia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, whom last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from homo 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.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Winthrop
Boston

No.

164 Pauline

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Israel Goldstein

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

164 Pauline

St.

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

16 years

months

days.

How long in U. S., if of foreign birth?

40 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Sarah

6 AGE

67

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Junk-Pedler

(b) Name of employer

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF
FATHER

Koppel Goldstein

10 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

11 MAIDEN NAME
OF MOTHERRebecca Cannon ^{learned}12 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

13

Informant

Sarah Goldstein

(Address)

164 Pauline St.

14

Filed

Nov. 6 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

October

31

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 27

, 1924, to

Oct 31

, 1924.

that I last saw him alive on

Oct 31

, 1924.

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

Lobar pneumonia

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

Mitral stenosis

(SECONDARY)

(duration)

3 yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

FOR WHAT?

Date of

no

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

Horace J. Soule

M.D.

(Address)

180 Winthrop St Winthrop

Date

November 6

(Day)

1924

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Beth Joseph Cem. Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Nov. 27 1924

19 UNDERTAKER

Mannuel Stanetsky

ADDRESS

Boston

Official position

Health Officer

Date of issue

of permit

Permit

No. 823

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salsman, (b) Grocer; (a) Fireman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dentist," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanitation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health, or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*
. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths sus-pended due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Winthrop

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH *Revere* **Suffolk** County *Massachusetts* State *Winthrop, Revere* Registered No. *Community*

City or Town *Boston* No. *Winthrop, Revere* St. *Revere* Ward *Revere*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Baly Slaggy Sloters*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *51 Thourton* St. *Revere* Ward *Revere*
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here *Stillborn*

15 DATE OF DEATH *Oct. 31 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at *5A* m. The CAUSE OF DEATH was as follows: *Still born*

_____ (duration) _____ yrs. _____ mos. _____ ds.

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (City) *Winthrop, Mass.*
(State or country)

17 Where was disease contracted if not at place of death? *FOR WHAT?*
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis?
(Signed) *Louis Siegel*, M.D.
(Address) *68 Springfield Ave*
Date *Oct. 31 1924*
(Month) (Day) (Year)

PARENTS

9 NAME OF FATHER *Julius Sloters*

10 BIRTHPLACE OF FATHER (City) *Russia*
(State or country)

11 MAIDEN NAME OF MOTHER *Rose Martz*

12 BIRTHPLACE OF MOTHER (City) *Russia*
(State or country)

13 Informant *J. Sloters*
(Address) *51 Thourton St. Revere*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Beth Israel Cem. Everett* DATE OF BURIAL *Oct. 31 1924*
(Cemetery) (City or town)

14 Filed *Nov 6 1924*
(Month) (Day) (Year) REGISTRAR *H. C. Daniels*

19 UNDERTAKER *Mamele Stankovky* ADDRESS *Boston*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or trans. permit was issued. *H. C. Daniels*
9.12.19

Official position *Health Officer* Date of issue of permit *10/31/24* No. *822*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Indozer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 44.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the places where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentthrop
(City or Town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Wentthrop No. 110 Summit Ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lellie M. Lawler
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 110 Summit Ave St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

5a If married, widowed, or divorced
HUSBAND of George W. Lawler
(or) WIFE of _____

6 DATE OF BIRTH May 8 1852
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
72 5 30

If STILLBORN, enter that fact here _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 7 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1 - 1924 to November 7, 1924, that I last saw her alive on November 7 - 1924, and that death occurred, on the date stated above, at 2:30 P. M.

The CAUSE OF DEATH was as follows:
Carcinoma of Intestines

(duration) _____ yrs. 5 mos. 6 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) Edward J. Frauger M.D.
(Address) 7 Irving St
Date Nov 7 1924
(Month) (Day) (Year)

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer _____

9 BIRTHPLACE (City) East Boston (State or country) Mass

10 NAME OF FATHER William D. Sperruffs

11 BIRTHPLACE OF FATHER (City) Scotland (State or country) _____

12 MAIDEN NAME OF MOTHER Sarah Eaton

13 BIRTHPLACE OF MOTHER (City) Delfast Me (State or country) _____

14 Informant Paula M Lawler
(Address) 110 Summit Ave

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery (Cemetery) Wentthrop (City or town)

DATE OF BURIAL Nov 10 1924

15 Filed Nov 10 1924
(Month) (Day) (Year)

REGISTRAR _____

20 UNDERTAKER Frank C. Brown
ADDRESS East Boston

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued F. C. Daniels

Official position Health Officer Date of issue of permit 11/8/24 Permit No. 825

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1207. 7. 1924.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Collan mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or taken up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebralspinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *g'ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Saulte," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purpura septicæmia," "Purpura peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gascolitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 592.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 74, Sec. 6.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____
City or Town Winthrop No. 17 South St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ellen Jamieson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 17 SouthSt., Winthrop Ward _____

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 years 3 months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed or divorced

HUSBAND of Widow of David Jamieson
(or) WIFE of _____

6 AGE

85 Years

Months _____

Days _____

If LESS than
1 day, _____ hrs.
or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

at home

8 BIRTHPLACE (City)

(State or country)

Ireland

9 NAME OF FATHER

Edward Roach

10 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

unknown

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

13

Informant Mary Flynn(Address) 17 South St. Winthrop

14

Filed Nov 10, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
11/25

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov 7 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

5 years ago, 1919, to Nov 6, 1924.that I last saw her alive on Nov 6, 1924.and that death occurred, on the date stated above, at 8:15 P.M.

The CAUSE OF DEATH was as follows:

Myocardial Infarction(duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? _____ Date of NovWas there an autopsy? NoWhat test confirmed diagnosis? Autopsy & Test(Signed) Harriet A. Seibley, M. D.(Address) 18 South AvenueDate Nov 8 1924

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Nov 10 1924

19 UNDERTAKER

David J. Dooley

ADDRESS

Official position Health Officer Date of Issue of permit 11/8, 24Permit NO. 824

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, home, who are engaged in the duties of the household only (not paid *Wife*, *Housework*, or *At home*, and children, not gainfully employed, as *Servants*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease EXAMINE DATA, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Example: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia."); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc.; of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *erysipelas* or terminal conditions, such as "Asphania," "Anemia" (merely symptomatic), "Atrophy," "Collapse," etc.; "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.); "Dropsy," "Convulsion," "Heart failure," "Hemorrhage," "Inanition," "Ergasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, satisfactory certificate of the attending physician, if any; as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposablely due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk County Mass. State Winthrop (City or town) Registered No. _____
 City or Town Winthrop No. 21 Sturgis St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cora Bell Krise
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 21 Sturgis St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 6 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed or divorced HUSBAND of Alfred W. Krise (or) WIFE of _____

6 AGE Years 60 Months — Days 15 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED At home
 (a) Trade, profession, or particular kind of work
 (b) Name of employer

8 BIRTHPLACE (City) Bluehill
 (State or country) Maine

9 NAME OF FATHER Albert H. Couaut
 10 BIRTHPLACE OF FATHER (City) Unable to obtain
 (State or country)
 11 MAIDEN NAME OF MOTHER Catherine Johnson
 12 BIRTHPLACE OF MOTHER (City) Bluehill
 (State or country) Maine

13 Informant Fred A. Emell
 (Address)

14 Filed Nov. 11, 1924
 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 8, 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 2, 1924 to Nov. 8, 1924
 that I last saw him alive on Nov. 8, 1924
 and that death occurred, on the date stated above, at 12:55 P. m.
 The CAUSE OF DEATH was as follows:

Chronic myocarditis,
Chronic hepatitis,
cerebral arteriosclerosis
 (duration) 5 yrs. _____ mos. _____ ds.
 CONTRIBUTORY pneumonia, bronch
 (SECONDARY) (duration) _____ yrs. _____ mos. 3 ds.

17 Where was disease contracted if not at place of death? _____
 Did an operation precede death? No Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? Smear
 (Signed) G. W. Nicholson M. D.
 (Address) Winthrop, Mass.
 Date Nov. 10, 1924
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Grove Dorchester
 (Cemetery) (City or town) DATE OF BURIAL Nov. 11, 1924

19 UNDERTAKER Charles R. Bemison ADDRESS Winthrop

Official position Health Officer Date of issue of permit 11/10/24 Permit NO. 826

WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. No very item of information should be carelessly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only, not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Prema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. Those include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

1 PLACE OF DEATH

County SUFFOLK State MASS. Registered No. 9224
 City or Town BOSTON No. CHILDRENS HOSPT. St. St. Ward St.
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

FREDERIC LOOMIS
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence: No. 12 PALMYRA AVE. St. St. Ward WINTHROP MASS.
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 3 Years 11 Months 24 Days if LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9 BIRTHPLACE (City) FITCHBURG
 (State or country)

10 NAME OF FATHER FREDERIC C.

11 BIRTHPLACE OF FATHER (City) WINSTEAD
 (State or country) CONN.

12 MAIDEN NAME OF MOTHER ANNIE L. PARKHURST

13 BIRTHPLACE OF MOTHER (City) EVERETT
 (State or country)

14 Informant FATHER
 (Address)

15 Filed NOV. 13 E. W. McGlennen
 Registrar of city or town where death occurred

Filed Nov 3 1924
 (Month) (Day) (Year) Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH NOV. 9. 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

ABSCESS OF ILIAC REGION, LEFT, WITH ASSOCIATED PERITONITIS, CAUSE UNKNOWN (JURISDICTION TAKEN BECAUSE OF HISTORY OF MINOR INJURIES SUSTAINED FOL: A MOTOR VEHICLE ACCIDENT ON AUG. 16)

(See reverse side for additional space)

18 Where was injury sustained if not at place of death?
 (Signed) GEORGE BURGESS MAGRATH, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK CO.

Date NOV. 10 1924
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL FITCHBURG DATE OF BURIAL NOV. 11
 (Month) (Day) (Year)

20 UNDERTAKER J. S. WATERMAN & SONS CO. ADDRESS

21 Burial permit issued by Official position

22 Date of issue

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. **If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise

a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**COPIES OF RECORDS OF DEATHS OF
NON-RESIDENT DECEDENTS**

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during the previous month, if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person)

Nov. 9 1924

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winstrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Winthrop No. 95 Main St St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marion Forest Milne
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence No. 95 Main St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 1 years 4 months _____ days. How long in U. S., if of foreign birth? 1 years 4 months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed or divorced
HUSBAND of William R. Milne August 15, 1924, to November 16, 1924
(or) WIFE of _____

6 AGE Years 80 Months 10 Days 21 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer _____

8 BIRTHPLACE (City) Glasgow
(State or country) Scotland

9 NAME OF FATHER Robert Kelly

10 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

11 MAIDEN NAME OF MOTHER Mary Fellell

12 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)

13 Informant Annie S. Truesdale
(Address) 95 Main St Winthrop

14 Filed Dec. 3, 24
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH November 16 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from August 15, 1924, to November 16, 1924
that I last saw him alive on November 16, 1924
and that death occurred, on the date stated above, at 4 A m.
The CAUSE OF DEATH was as follows:
Chronic Parenchymatous Nephritis

Unknown (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Cardiac Failure due to chronic compensation
(SECONDARY) (duration) _____ yrs. 3 mos. _____ ds.

17 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) Mary G. Halseall M. D.
(Address) 587 Pleasant St Winthrop
Date November 17 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town) DATE OF BURIAL Nov 19/24

19 UNDERTAKER Chas R. Bennett ADDRESS Winthrop

Official position Health Officer Date of issue of permit 11/19/24 Permit NO. 897

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *egds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asbemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus" "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statements of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information as which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County ~~Suffolk~~ Suffolk, State Massachusetts Registered No. _____
City or Town ~~Boston~~ Winthrop, 36 Waldemar Ave., St., Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Catherine L. Craib

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36 Waldemar Ave., Ward. _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of Charles G. Craib

6 AGE Years 70 Months Days If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work none (b) Name of employer

8 BIRTHPLACE (City) Boston Mass. (State or country)

9 NAME OF FATHER Thomas Cass

10 BIRTHPLACE OF FATHER (City) Ireland. (State or country)

11 MAIDEN NAME OF MOTHER Adeline L. Richardson

12 BIRTHPLACE OF MOTHER (City) Boston Mass (State or country)

13 Informant C. G. Craib (Address) 36 Waldemar Ave.

14 Filed Dec 3 1924 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 17 1924 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 12, 1924, to Nov 17, 1924, that I last saw her alive on Nov 17, 1924, and that death occurred, on the date stated above, at 11:15 P.M.

The CAUSE OF DEATH was as follows: Pulmonary tuberculosis

(duration) 2 yrs. ___ mos. ___ ds. CONTRIBUTORY Valvular heart disease (SECONDARY) (duration) ? yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death? FOR WHAT? Did an operation precede death? Date of no

Was there an autopsy? If Under One Year, Was Baby Breast Fed No

What test confirmed diagnosis? (Signed) Horace Soule, M. D. (Address) 180 Westrop St Winthrop Date November 18 1924 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REINTERMENT Mt. Auburn Cem Cambridge, Nov 20 (Cemetery) (City or town) DATE OF BURIAL

19 UNDERTAKER J. S. Waterman Boston ADDRESS

Official Health Officer Date of issue of permit 11/19/24 Permit NO. 828

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*; (b) *Grocery*; (a) *Foreman*; (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc. *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesenteric Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric disease causing death*, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Imanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State causes for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- 1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- 2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 traumas (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

15 DATE OF DEATH

(Month)

(Day)

(Year)

5a/If married, widowed, or divorced HUSBAND of (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from

June 1, 1924, to Nov. 18, 1924

that I last saw him alive on Nov. 18, 1924

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH was as follows:

myocarditis

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

73

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Appholster

(b) Name of employer

CONTRIBUTORY (SECONDARY)

(duration)

yrs.

mos.

ds.

8 BIRTHPLACE (City)

(State or country)

Agnes

CONTRIBUTORY (SECONDARY)

(duration)

yrs.

mos.

ds.

9 NAME OF FATHER

Cannot be learned

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

C. J. Mahoney, M.D.

(Address)

366 North St

Date

(Month)

(Day)

(Year)

Nov. 17, 1924

13

Informant

(Address)

Mary Mayer
34 Atlantic St

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Calvary Boroion
(Cemetery)

DATE OF BURIAL

Nov. 20, 1924

14

Filed

(Month) (Day) (Year)

Dec 3/24

REGISTRAR

19 UNDERTAKER

John F. J. Moley

ADDRESS

North St

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

Official Health Officer

Date of issue of permit

Permit

20/24

No. 8129

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

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Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

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RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

302
 CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

The Commonwealth of Massachusetts

1924,
 STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

Registered No. **9496**
 (Place of death)

Registered No. _____
 (Place of residence)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

City or Town **Boston** No. **HART HOSPT.**

(If death occurred in a hospital or institution, give its NAME instead of street and number) St. **Ward**

2 FULL NAME **JENNIE SHORE**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, State **MASS.** City or Town **WINTHROP** No. **26 BEACON** St. _____

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **NATHAN SHORE**

6 AGE Years **27** Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **HOUSEWIFE** (b) Name of employer _____

8 BIRTHPLACE (city or town) **BROOKLYN** (State or country) **N.Y.**

9 NAME OF FATHER **MAX KATZ**

10 BIRTHPLACE OF FATHER (city or town) **AUSTRIA** (State or country) _____

11 MAIDEN NAME OF MOTHER **BERTHA GARSHYT**

12 BIRTHPLACE OF MOTHER (city or town) **AUSTRIA** (State or country) _____

13 Informant **ALBERT HARRIS** (Address) _____

14 Filed **NOV. 22, 1924** *E. W. M. Glenen* Registrar of city or town where death occurred

Filed **Dec. 3, 1924** _____ Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **NOV. 19** 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **OCT. 18**, 19**24** to **NOV. 19**, 1924, that I last saw h. **IM** alive on **NOV. 19**, 1924,

and that death occurred, on the date stated above, at **IP**, m.

The CAUSE OF DEATH was as follows:
ABDOMINAL OPR. FOR ANTEFLEXED UTERUS

CONTRIBUTORY (SECONDARY) **PULM. EMBOLISM** (duration) **27** yrs. mos. ds. (duration) _____ yrs. mos. **13** HRS ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? **YES** Date of **OCT. 27, 1924**

Was there an autopsy? _____

What test confirmed diagnosis? **N. R. MASON** (Signed) _____, M.D.

(Address) _____ Date **NOV. 20, 1924** (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **BROOKLYN, N.Y.** DATE OF BURIAL **NOV. 20, 1924**
 (Cemetery) (City or town)

19 UNDERTAKER **ISRAEL EINSTEIN** ADDRESS _____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, *o. g.*, *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Pituitic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Ashenias," "Anæmia" (merely symptoms), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died! . . . No such permit shall be issued until the aforesaid shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or if he should a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Wintthrop
BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. _____
City or Town Wintthrop No. 171 Shore Drive St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME David Baskin
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 171 Shore Drive St., _____ Ward Wintthrop
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 3 years _____ months _____ days. How long in U. S., if of foreign birth? 15 years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a If married, widowed or divorced HUSBAND of (or) WIFE of Sarah
6 AGE 44 Years _____ Months _____ Days If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Builder
(b) Name of employer _____

8 BIRTHPLACE (City) Russia
(State or country)

9 NAME OF FATHER Nathan Baskin

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

11 MAIDEN NAME OF MOTHER Esther cannot be learned

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant Mrs. S. Baskin
(Address) 171 Shore Drive

14 Filed Dec 3/24
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 25, 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March, 1924, to Nov. 23, 1924;
that I last saw him alive on Nov. 23, 1924,
and that death occurred, on the date stated above, at 11 A m.
The CAUSE OF DEATH was as follows:

Carcinoma of Intestines

(duration) 1-2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted not known
if not at place of death? FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? no If Under One Year, Was Baby Breast Fed _____

What test confirmed diagnosis? _____
(Signed) Robert Astum M. D.
(Address) 150 Shore Drive, Wintthrop
Date Nov. 25, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL W. Rox
Adath Israel Cem. (Cemetery) (City or town) DATE OF BURIAL Nov. 26, 1924

19 UNDERTAKER Mannul Stanetsky ADDRESS Boston

Official position certificat officer Date of issue of permit 11/28/24 Permit NO. 830

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of his business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. **Examples:** (a) *Strainer, (b) Cotton mill; (c) Salesman, (d) Grocery; (e) Foreman, (f) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (its only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Coma," "Semi," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, callulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by traumaism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No.

263 Bowdoin

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Margaret L. Barr

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

263 Bowdoin

St., Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years months days

How long in U. S., if of foreign birth?

years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White

Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, ___ hrs. or ___ min.

56

5

12

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School Teacher

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Liverpool Eng.

9 NAME OF FATHER

John Barr

10 BIRTHPLACE OF FATHER (City)

(State or country)

Scotland

11 MAIDEN NAME OF MOTHER

Jessie Davidson

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Scotland

13

Informant

Bessie Barr

(Address)

263 Bowdoin St

14

Filed

Dec. 3, 1924

(Month) (Day) (Year)

REGISTRAR

15 DATE OF DEATH

November 25 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

_____ 1919, to Nov 25 1924.

that I last saw her alive on Nov. 25, 1924

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage.

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (SECONDARY)

Arterio Sclerosis

(duration) 5 yrs. + mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No 12/4/24

What test confirmed diagnosis? Lystolic Blood Press

(Signed) Horace E. Bragdon M. D.

(Address) 7 Central St. East Boston
Date Nov 26 1924 Mass
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn Cemetery Everett (City or town)

DATE OF BURIAL

Nov 28 1924

19 UNDERTAKER

Frank E. Brown East Boston

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
R. S.

Official position. Health Officer

Date of issue of permit 11/28/24 Permit NO. 831

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Artical, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Cud milk, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia."); *Lobar pneumonia; Broncho pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Imanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

STANDARD CERTIFICATE OF DEATH

Waltham
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. _____
City or Town Waltham **Boston** No. Waltham (City) St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Kenney (Stillborn)
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No. 56 Baywood Ave St. _____ Ward E. Boston
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX flu 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) Waltham
(State or country) Mass

9 NAME OF FATHER Nicolas

10 BIRTHPLACE OF FATHER (City) Cambridge
(State or country) Mass

11 MAIDEN NAME OF MOTHER Alice J. McLaughlin

12 BIRTHPLACE OF MOTHER (City) New York
(State or country) n. y.

13 Informant Nicolas Kenney
(Address) 56 Baywood Ave E. 15.

14 Filed Dec. 3/24
(Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued He Danish

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 26 (Month) 26 (Day) 24 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1924, to Nov 26, 1924, that I last saw her alive on Nov 26, 1924 and that death occurred, on the date stated above, at 12:30 pm. The CAUSE OF DEATH was as follows:

Stillborn

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? (Signed) Couris F. Skyrball M. D.
(Address) 13 Nahant Ave Boston
Date Nov 28 1924 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michael Boston DATE OF BURIAL Nov. 30, 1924
(Cemetery) (City or town)

19 UNDERTAKER Michael J. Rocella ADDRESS 107 1/2 Bene St. Boston

Official Health Officer He Danish Date of issue of permit Nov 29 Permit No. 833

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architec, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, or who receive a definite salary), may be entered as *House-At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the misera causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the misera CAUSING death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic adnular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease) causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Ashtema," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility," "Congenital," "Senile," etc., "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body... until he has received a permit from the board of health or its agent... or... from the clerk of the town where the person died.... No such permit shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate... to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. _____
City or Town Wentworth No. 42 Lewis Ave. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Emily E. Black
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. 42 Lewis Ave St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)Length of residence in city or town where death occurred years 6 months _____ days _____
How long in U. S., if of foreign birth? years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5a If married, widowed, or divorced HUSBAND of (or) WIFE of James6 AGE Years 83 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) Name of employer _____8 BIRTHPLACE (City)
(State or country)Ireland9 NAME OF FATHER Andrew Larymore10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland11 MAIDEN NAME OF MOTHER Elizabeth Lyod12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland13 Informant Emily E. Hewitt
(Address) Sheldon St.14 Filed Dec. 3, 24
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniel
9. 28

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 28, 1924
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1924, to Nov 28, 1924
that I last saw him alive on Nov 25, 1924,
and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

Bronchopneumonia(duration) yrs. _____ mos. 3 ds.CONTRIBUTORY
(SECONDARY)

(duration) yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Wm. W. Lusk, M.D.(Address) WentworthDate Nov 30, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wentworth Wentworth
(Cemetery) (City or town)

DATE OF BURIAL

Dec 1, 1924

19 UNDERTAKER

John F. O'Malley

ADDRESS

Wentworth

Official position

Health Officer 12/1/24 Permit No. 834

WHILE IN EXAMINE, WITH ORIGINAL RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1001 28 1924
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (specify yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *89 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Winthrop

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

-BOSTON-

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____
City or Town Winthrop Boston No. 27 Hawthorne Ave. St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael W O'Connor

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 27 Hawthorne ave St., Winthrop Ward _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of _____ (or) WIFE of Lucy

6 AGE Years 118 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Steam fitter (b) Name of employer _____

8 BIRTHPLACE (City) Boston (State or country) Mass

9 NAME OF FATHER Jeremiah O'Connor

10 BIRTHPLACE OF FATHER (City) Ireland (State or country) _____

11 MAIDEN NAME OF MOTHER Unknown Foley

12 BIRTHPLACE OF MOTHER (City) Ireland (State or country) _____

13 Informant Lucy O'Connor (Address) 27 Hawthorne Ave. Winthrop

14 Filed Dec. 3, 24 (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 28 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 11/25, 1924, to 11/28, 1924, that I last saw him alive on 11/27, 1924, and that death occurred, on the date stated above, at 6:45 a.m.

The CAUSE OF DEATH was as follows:
Broncho pneumonia
both lungs.
(duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? Yes Date of _____

Was there an autopsy? Yes If Under One Year, Was Baby Breast Fed _____

What test confirmed diagnosis? _____
(Signed) J. P. White M. D.
(Address) 186 Wintrop Building Mass
Date Nov. 28 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's W. Rox DATE OF BURIAL Nov. 30-1924
(Cemetery) (City or town)

19 UNDERTAKER Joseph L. Burke ADDRESS 25 Chambers St Boston

Official position, Health officer, Date of issue of permit 11/29/24 Permit NO. 832

WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Artificer, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill.*; (a) *Salesman, (b) Grocery.*; (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia."); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic nodular heart disease, Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asystole," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Pebility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until the facts shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

02
 CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

The Commonwealth of Massachusetts

1924,

BOSTON

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. **9856**
 (Place of death)

City or Town **Boston** No. **NEW ENG. BAPTIST HOSPT.** St. **Ward**

Registered No. _____
 (Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **CHESTER F. GRIFFIN**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **163 SOMERSET AVE.** St. **St.**

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **S**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years _____ Months _____ Days **11** If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**

(State or country)

9 NAME OF FATHER **CHESTER F.**

10 BIRTHPLACE OF FATHER (city or town) **SOMERVILLE**

(State or country)

11 MAIDEN NAME OF MOTHER **MARIE S. SIMONS**

12 BIRTHPLACE OF MOTHER (city or town) **WINTHROP**

(State or country)

13 Informant **WALTER P. SIMONS**

(Address)

14 Filed **Nov 28**, 1924 **E. W. M. Glenon**
 Registrar of city or town where death occurred

Filed **Jan 28**, 1925 _____
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **NOV. 30** 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **NOV. 25**, 19**24** to **NOV. 30**, 19**24**

that I last saw him alive on **NOV. 30**, 19**24**

and that death occurred, on the date stated above, at **2 P.** m.

The CAUSE OF DEATH was as follows:

SEPTIC MENINGITIS

(duration) _____ yrs. _____ mos. **2** ds.

CONTRIBUTORY **PNEUMONIA**

(SECONDARY) (duration) _____ yrs. _____ mos. **6** ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? **YES**

What test confirmed diagnosis?

(Signed) **K. G. PERCY**, M.D.

(Address)

Date **DEC. 1, 1924**
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop
 (Cemetery) (City or town)

DATE OF BURIAL

Dec. 3, 1924

19 UNDERTAKER

B. A. Rollins

ADDRESS

E. Boston

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Cool mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Lebilty" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Ins-nition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; oth-erwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths sup-posable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winstock
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Winstock* No. *227 Shirley St* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Frederick Williams*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *227 Shirley* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *2* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *Colored* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years *5* Months *10* Days *7* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *School Boy* (b) Name of employer _____

8 BIRTHPLACE (City) *Boston* (State or country) *Mass*

9 NAME OF FATHER *Frederick F. Williams*

10 BIRTHPLACE OF FATHER (City) *Boston* (State or country) _____

11 MAIDEN NAME OF MOTHER *Marion Brathwaite*

12 BIRTHPLACE OF MOTHER (City) *Barbadoes* (State or country) _____

13 Informant *Frederick F. Williams* (Address) *227 Shirley St Winstock*

14 Filed *Nov. 9/24* (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Danahy*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Nov 3 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Nov 2*, 1924, to *Nov 3*, 1924, that I last saw him alive on *Nov 2*, 1924, and that death occurred, on the date stated above, at *3:45 A.M.* The CAUSE OF DEATH was as follows:

Cellulitis of Right thigh

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? (Signed) *J. J. Mulhoney* M. D. (Address) *266 Winstock St* Date *Nov 3 1924* (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Winstock - Winstock* DATE OF BURIAL *12/5/24*
(Cemetery) (City or town)

19 UNDERTAKER *C. R. Bunker* ADDRESS *Winstock*

Official position, *Health Officer* Date of issue of permit *9/24/24* Permit NO. *836*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*; (b) *Grocery*; (a) *Foreman*; (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is definite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc.; "....." (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric disease causing death*, 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbed, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body... until he has received a permit from the board of health or its agent... or... from the clerk of the town where the person died... No such permit shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate... The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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 traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS*Wentworth*
(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Wentworth

No.

79 Lincoln St

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Lyman Campbell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

79 Lincoln St

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred *38* years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Widower*5a If married, widowed or divorced
HUSBAND of
(or) WIFE of*Ellen M. Campbell*

6 AGE

76

Years

Months

6

Days

*4*If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Carpenter*

(b) Name of employer

Retired

8 BIRTHPLACE (City)

Pembroke

(State or country)

*me*9 NAME OF
FATHER*John L. Campbell*10 BIRTHPLACE OF
FATHER (City)*St George*

(State or country)

*M.B*11 MAIDEN NAME
OF MOTHER*Sarah Hersey*12 BIRTHPLACE OF
MOTHER (City)*Pembroke*

(State or country)

me

13

Informant

Dorah Clarke

(Address)

79 Lincoln St Wentworth

14

Filed

Dec. 9/24

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

L. C. Daniels
L. S.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec

(Month)

3

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 18, 19*24*, to *Dec 3*, 19*24*,that I last saw him alive on *Dec 3*, 19*24*,and that death occurred, on the date stated above, at *9.05 P* m.

The CAUSE OF DEATH was as follows:

Mitral Stenosis + Regurgitation
Broken compensation(duration) *?* yrs. mos. ds.

CONTRIBUTORY

Cerebral Thrombosis

(SECONDARY)

(duration) ___ yrs. mos. *12* ds17 Where was disease contracted
if not at place of death?Did an operation precede death? Date ofWas there an autopsy? What test confirmed diagnosis?

(Signed)

Richard M. [Signature]

M. D.

(Address)

114 Pleasant St.

Date

Dec 4 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Forest Hill Pembroke Ms

(Cemetery)

(City or town)

DATE OF BURIAL

12/6/24

19 UNDERTAKER

Chas R Benjamin

ADDRESS

Wentworth

Official position

Health Officer

Date of issue

12/4/24

of permit

Permit

ND. *835*

N. B.—WHITE PLAIN, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Comman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report, specifically, the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Example: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia."); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated *2d ds.* *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Emaciation," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal *septicemia*," "Puerperal *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Cerificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . From the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner, or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; and furnish a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

13,784

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 88)

County

Suffolk

State

Mass

Registered No.

City or Town

Wintthrop

No.

141 Loring Road

St.

Ward

(If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME

Sarah Frances Littlefield

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Wintthrop, 141 Loring Road

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

15 DATE OF DEATH

Dec

5

1924

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

6 AGE

Years

33

Months

5

Days

3

If LESS than

1 day, hrs.

or min.

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Poisoning by illuminating gas, suicidal.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Lyman Me

9 NAME OF FATHER

Cyrus K Littlefield

10 BIRTHPLACE OF FATHER (City)

(State or country)

Lyman Me

11 MAIDEN NAME OF MOTHER

Nancy A. Welch

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Lyman Me

13 Informant

(Address)

Mrs. Hayne Littlefield
141 Loring Road Wintthrop

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed)

(Address)

Long Lynn Magneth

M.D.

Medical Examiner for

Date

(Month)

(Day)

(Year)

Suffolk

Dec

5

1924

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Lyman
(Cemetery)

Maine
(City or town)

DATE OF BURIAL

Dec 8 1924
(Month) (Day) (Year)

14 Filed Dec 9 1924
(Month) (Day) (Year)

REGISTRAR

19 UNDERTAKER

Frank O Brown

ADDRESS

East Boston

20 Burial permit issued by

Hedanish

Official position

Health Officer

Date of issue

Dec 6 1924

Permit No.

837

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

DESCRIPTION (for unknown person)

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

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)."

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Sanah T. Subreguera
Dec. 5. 1924

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

1924, STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

Registered No. 9965
(Place of death)

County Suffolk State Massachusetts

Registered No. (Place of residence)

City or Town Boston No. CITY HOSPT. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

ROSA SCHEINFEIN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 18 DOLPHIN AVE. St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

15 DATE OF DEATH DEC. 5, 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from NOV. 17, 1924, to DEC. 5, 1924.

6 AGE Years Months Days If LESS than 1 day, hrs. or min. 1 8

that I last saw her alive on DEC. 4, 1924, and that death occurred, on the date stated above, at m.

If STILLBORN, enter that fact here

The CAUSE OF DEATH was as follows:

ACUTE LARYNGITIS, TRACHEITIS, BRONCHO-PNEUMONIA

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

(duration) yrs. mos. ds.

8 BIRTHPLACE (city or town) WINTHROP

CONTRIBUTORY SCARLET FEVER (SECONDARY)

(State or country)

(duration) yrs. mos. ds.

9 NAME OF FATHER MAX SCHEINFEIN

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of NOV. 29

10 BIRTHPLACE OF FATHER (city or town) BOSTON

Was there an autopsy? (TRACHEOTOMY)

(State or country)

What test confirmed diagnosis?

11 MAIDEN NAME OF MOTHER RUTH DINSFRIEND

(Signed) E. H. PLACE, M.D.

12 BIRTHPLACE OF MOTHER (city or town) BOSTON

(Address) DEC. 5, 1924

(State or country)

Date (Month) (Day) (Year)

13 Informant FATHER

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Address)

WOBURN (OHEL JACOB) (Cemetery) (City or town)

DEC. 5 1924

14 Filed DEC. 8, 1924

E. W. M. Glenn Registrar of city or town where death occurred

19 UNDERTAKER MANUEL STANETSKY

ADDRESS

Filed Jan 26, 1925

Registrar of city or town where deceased resided

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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 occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less desirable; avoid use of "Tumor" for malignant neoplasms); *Malaria; Wandering spleen; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebilty" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: I primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State _____ Registered No. _____
City or Town *Winthrop* No. _____ Hospital _____ St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Judeon Kirkpatrick* ii
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *46 Washington Ave* St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

15 DATE OF DEATH *Dec 12 1924*
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

16 I HEREBY CERTIFY, That I attended deceased from *Dec 12, 1924*, to *Dec 12, 1924*, that I last saw him alive on *Dec 12, 1924*, and that death occurred, on the date stated above, at *4 P.* m. The CAUSE OF DEATH was as follows:

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, *4* hrs. or *23* min.

Atalaxia

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

CONTRIBUTORY *Premature Birth 6 1/2 mos.*
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (City) *Winthrop*
(State or country) *Mass*

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? *No* Date of _____
Was there an autopsy? *No*

9 NAME OF FATHER *James Francis Kirkpatrick*

What test confirmed diagnosis? *Personal Autopsy*
(Signed) *R. B. Parker*, M. O.
(Address) *Winthrop Mass*
Date *Dec 13, 1924*
(Month) (Day) (Year)

10 BIRTHPLACE OF FATHER (City) *Boston*
(State or country) *Mass*

11 MAIDEN NAME OF MOTHER *Abie M. Young*

12 BIRTHPLACE OF MOTHER (City) *Winthrop*
(State or country) *Mass*

13 Informant *James F. Kirkpatrick*
(Address) *46 Washington Ave Winthrop*

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop Cemetery* DATE OF BURIAL *12/12/24*
(Cemetery) (City or town)

14 Filed *Dec 24 1924*
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER *G. H. Robinson* ADDRESS _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels*

Official position *Health Officer* Date of issue of permit *12.3.24* Permit NO. *839*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Stationary Fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* "The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum, etc.*; *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 *da; Bronchopneumonia* (secondary), 10 *da.* Never report mere symptoms or terminal conditions, such as "Assthenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winstrot
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____

City or Town *Winstrot* No. *Hobart* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Joseph Kirkpatrick*
(If in the Army or Navy of the United States, give rank, organization, etc.) *T*

(a) Residence. No. *46 Washington ave* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, 2 hrs. or 10 min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) *Winstrot*
(State or country) *Mass*

9 NAME OF FATHER *James Francis Kirkpatrick*

10 BIRTHPLACE OF FATHER (City) *Boston*
(State or country) *Mass*

11 MAIDEN NAME OF MOTHER *Alice M. Young*

12 BIRTHPLACE OF MOTHER (City) *Winstrot*
(State or country) *Mass*

13 Informant *James F. Kirkpatrick*
(Address) *46 Washington ave Winstrot*

14 Filed *Dec 2 1924*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Daniels*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Dec 12 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Dec 12*, 1924, to *Dec 12*, 1924, that I last saw him alive on *Dec 12*, 1924, and that death occurred, on the date stated above, at *11:30 A* m. The CAUSE OF DEATH was as follows:

Atelectasis

CONTRIBUTORY *Premature Birth 6 1/2 mos*
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *Purulent Atelectasis*

(Signed) *R. B. Parker*, M. D.
(Address) *Winstrot Mass*
Date *Dec 13 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Winstrot - Mass*
(Cemetery) (City or town) DATE OF BURIAL *12/13/24*

19 UNDERTAKER *CR Bennett* ADDRESS *Winstrot*

Official position *Health Officer* Date of issue of permit *12/13/24* Permit NO. *838*

INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically, the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc.; (naque origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 59, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 59, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass.* Registered No. _____
City or Town *Winthrop* No. *40 Madison Ave* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Martin M. Davis*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *40 Madison St.* Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Johanna*
6 AGE Years *70* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Book Cutter*
(h) Name of employer *Retired*

8 BIRTHPLACE (City) _____ (State or country) *Ireland.*

9 NAME OF FATHER *Cannot be learned*
10 BIRTHPLACE OF FATHER (City) _____ (State or country) *Ireland.*
11 MAIDEN NAME OF MOTHER *Divine*
12 BIRTHPLACE OF MOTHER (City) _____ (State or country) *Ireland.*

13 Informant *Mrs. Johanna Davis* (Address) *40 Madison Ave*

14 Filed *Dec 27/24* (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Danille*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Dec 16, 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Nov 11, 1924, to Dec 16, 1924*
that I last saw him alive on *Dec 15, 1924*
and that death occurred, on the date stated above, at *1.30 p.m.*

The CAUSE OF DEATH was as follows:
Chronic interstitial nephritis
approximate (duration) *2* yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? *No* Date of _____
Was there an autopsy? *No*
What test confirmed diagnosis? *Laboratory*
(Signed) *T. W. Taylor* M.D.
(Address) *Winthrop Mass*
Date *Dec 16, 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Holy Cross Malden* (Cemetery) (City or town) DATE OF BURIAL *Dec 18, 1924*

19. UNDERTAKER *John J. O'Malley* ADDRESS *Winthrop*

Official position *Health Officer* Date of issue of permit *12/17/24* No. *840*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Ironman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Indover—Coal hold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningea, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-flammation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Pre-per-natal septicemia," "Premortal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give the cause of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the certifiers for the purpose, shall upon application make caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

City or Town

Wentthrop

No.

270 Pleasant

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Henry L. Sampson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

270 Pleasant

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Ruth A.

6 AGE

78

Years

Months

6

Days

21

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Wharfinger &

(b) Name of employer

Central Wharf

8 BIRTHPLACE (City)

Duxbury
Mass.

(State or country)

9 NAME OF
FATHER

Gershon L. Sampson

10 BIRTHPLACE OF
FATHER (City)Kingston
Mass.

(State or country)

11 MAIDEN NAME
OF MOTHER

Rebecca Uppman

12 BIRTHPLACE OF
MOTHER (City)Duxbury
Mass.

(State or country)

13

Informant

Mr. Charles L. Sampson

(Address)

270 Pleasant St. Wentthrop

14

Filed

Mar 22/24

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec

16

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug, 1924, to Dec 16, 1924,

that I last saw him alive on Dec 16, 1924,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH was as follows:

Pulmonary Embolism

10 minutes (duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Chronic Endocarditis

7 years (duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. E. Johnson, M.D.

(Address)

123 Winthrop St

Date

Dec 17/24

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Everet

(Cemetery)

Mass.

(City or town)

DATE OF BURIAL

12/19/24

19 UNDERTAKER

Frank C. Brown

ADDRESS

C. Boston

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Daniels

Official
position

Health Officer

Date of
issue
of permit

12/18/24

Permit

No. 84

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

10/16/1924
[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archdeacon, locomotive engineer, Critic, painter, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer*—hold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scrub, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purpura *pernal septicaemia*," "Purpura *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by a physician by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefore furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

— He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths 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.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town) _____
 County Suffolk State Mass Registered No. _____
 City or Town Wentworth No. Community Hospital St., Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lorraine F. Dilleber
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 20 Centre St., Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret B.

6 AGE Years 58 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Salesman (b) Name of employer _____

8 BIRTHPLACE (City) Woodbridge (State or country) Vt.

9 NAME OF FATHER John R.

10 BIRTHPLACE OF FATHER (City) New York (State or country) New York

11 MAIDEN NAME OF MOTHER Dorothy B. Freeman

12 BIRTHPLACE OF MOTHER (City) Woodbridge (State or country) Vt.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 2 (Month) 17 (Day) 24 (Year)

16 I HEREBY CERTIFY, That I attended deceased from July, 1924, to Dec 17, 1924 that I last saw h. i. alive on Dec 17, 1924 and that death occurred, on the date stated above, at 7 P. m. The CAUSE OF DEATH was as follows:
Carcinoma of ascending colon.
 (duration) _____ yrs. 2 mos. _____ ds.
 CONTRIBUTORY Chronic Nephritis (SECONDARY) (duration) 3 yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
 Did an operation precede death? yes Date of 12-11-24
 Was there an autopsy? no
 What test confirmed diagnosis?
 (Signed) Margaret B. M.D.
 (Address) 900 Pleasant St.
 Date 12 (Month) 17 (Day) 24 (Year)

13 Informant Margaret B. Dilleber (Address) 20 Centre St.

14 Filed _____ (Month) (Day) (Year) REGISTRAR _____

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Wentworth (Cemetery) Wentworth (City or town) DATE OF BURIAL Dec 19 1924

19 UNDERTAKER John F. W. Maley ADDRESS Wentworth

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued. H. C. Daniel. 9. B. 9. Official position Health Officer Date of issue of permit 12/19/24 Permit No. 8/42

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mines*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former retailer*, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asbemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 40, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**

(2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.**

(3) **Medical examiners will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BROOKLINE

(City or town)

1 PLACE OF DEATH

County NORFOLK State MASSACHUSETTS

Registered No. 440
(Place of death)

City or town BROOKLINE No. 12 MASON TERRACE St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.
(Place of residence)

2 FULL NAME

ROBERT SAMPSON WATTS

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASSACHUSETTS City or Town WINTHROP No. 33 ORLANDO AVENUE St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
 0 0 30

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ////
(b) Name of employer

8 BIRTHPLACE (city or town) Brookline
(State or country) Massachusetts

9 NAME OF FATHER Robert Barron Watts

10 BIRTHPLACE OF FATHER (city or town) Andover
(State or country) Massachusetts

11 MAIDEN NAME OF MOTHER Dorothy Helena Sampson

12 BIRTHPLACE OF MOTHER (city or town) Dorchester
(State or country) Massachusetts

13 Informant Dorothy H Sampson
(Address) 33 Orlando Avenue Winthrop Mass

14 Filed Dec. 19, 1924. Edward W. Baker
Registrar of city or town where death occurred

Filed Jan. 5, 1925
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH December 19, 1924.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from November 20, 1924, to December 19, 1924,

that I last saw him alive on December 18, 1924,

and that death occurred, on the dated stated above, at 7 A. m.

The CAUSE OF DEATH was as follows:

Spina bifida

congenital.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter J Graves, M. D.

(Address) 15 Babcock Street Brookline

Date December 19, 1924.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Cedar Grove Milton Mass
(Cemetery) (City or town)

DATE OF BURIAL Dec. 22, 1924

19 UNDERTAKER C R Bennison

ADDRESS Winthrop Mass

Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Leconteite engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and elidiron, not faintly employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (Retired, 6 yrs.)*.

For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningea, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *99 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46i, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is incompetent, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46i.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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. Those 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.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Winthrop* No. *56 Sargent* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Joanna E. Duggan*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *56 Sargent St.* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Michael E.*

6 AGE Years *71* Months *0* Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *At Home* (b) Name of employer _____

8 BIRTHPLACE (City) _____ (State or country) *Ireland*

9 NAME OF FATHER *Patrick A. Flynn*

10 BIRTHPLACE OF FATHER (City) _____ (State or country) *Ireland*

11 MAIDEN NAME OF MOTHER *Margaret Connor*

12 BIRTHPLACE OF MOTHER (City) _____ (State or country) *Ireland*

13 Informant *Mrs F J Goodwin* (Address) *56 Sargent St.*

14 Filed *Dec 22 1924* (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. *H. C. Daniels* 9. B. 9.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *12 20 24*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Nov 15*, 19 *24*, to *12 - 20*, 19 *24*
that I last saw h *er* alive on *12 - 20*, 19 *24*
and that death occurred, on the date stated above, at *1 P. M.*
The CAUSE OF DEATH was as follows:

Edema of Lungs.

CONTRIBUTOR (SECONDARY) *Chronic Intestinal P^hlebitis*
(duration) _____ yrs _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? _____

(Signed) *J. J. Carey* M. D. (Address) *200 Pleasant St*
Date *12 21 24*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Maryland Boston* (Cemetery) (City or town) DATE OF BURIAL *Dec 22/24*

19 UNDERTAKER *John T. Maley* ADDRESS *Winthrop*

Official Health Officer *John T. Maley* Date of issue of permit *12/22/24* Permit No. *843*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Leocomotive engineer*, *Civil Engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary). *10 da.* Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "P^{RE}PERAL *septicemia*," "P^{RE}PERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on a statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, declined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The physician to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

Who shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance 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.

Winthrop
BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. _____
City or Town Winthrop No. 30, Cara St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia Jenness (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence, No. 30 Cara St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of James H. Jenness

6 AGE Years 56 Months - Days - If LESS than 1 day, _____ hrs. or _____ min.

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife
(b) Name of employer _____

8 BIRTHPLACE (City) Boston (State or country) Mass

9 NAME OF FATHER Patrick Murphy

10 BIRTHPLACE OF FATHER (City) New York (State or country) N. Y.

11 MAIDEN NAME OF MOTHER Bridget Duffy

12 BIRTHPLACE OF MOTHER (City) _____ (State or country) Ireland

13 Informant James H. Jenness (Address) 30 Cara St

14 Filed Dec 22/24 REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH December, 21 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1924, to Dec. 20, 1924, that I last saw her alive on Dec. 29, 1924, and that death occurred, on the date stated above, at 5:15 P. m.
The CAUSE OF DEATH was as follows:
Carcinoma (Mediastinal)

CONTRIBUTORY (SECONDARY) Pulmonary Thrombosis (duration) 2 yrs + mos. _____ ds.

17 Where was disease contracted if not at place of death? Not known FOR WHAT? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? No.

What test confirmed diagnosis? None
(Signed) Frederic Belmont M. D.
(Address) 70 Rowwood St. Everett
Date Dec. 21 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden DATE OF BURIAL Dec 23, 1924
(Cemetery) (City or town)

19 UNDERTAKER M. J. Kelly 11 Meridian St. ADDRESS E. B.

Official position Health Officer Date of issue of permit 12/22/24 Permit NO. 844

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

See 21, 1924

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*, *Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningis, peritonum*, etc. *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestial," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal *asplacenta*," "Puerperal *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipels, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
 He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

1924, STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts City or Town Boston No. U. S. Coast Guard Cutter Mackinac Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Registered No. (Place of death) Registered No. (Place of residence) Dorchester Bay

2 FULL NAME Emil Christensen

(a) Residence, State Mass City or Town Winthrop No. 156 Wash. Ave. St. (If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE 51 Years Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Boatswain (b) Name of employer U. S. Coast Guard

8 BIRTHPLACE (city or town) Norway (State or country)

9 NAME OF FATHER Emanuel Christensen

10 BIRTHPLACE OF FATHER (city or town) Norway (State or country)

11 MAIDEN NAME OF MOTHER Eliza Jacobson

12 BIRTHPLACE OF MOTHER (city or town) Norway (State or country)

13 Informant Mrs R Cox (Address) 156 Wash. Ave

14 Filed Dec 29, 1924 E. W. M. Glenn Registrar of city or town where death occurred

Filed Jan 17, 1925 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 22 1924 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from , 19, to , 1924, that I last saw h. alive on , 1924, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH was as follows:

Natural Causes, Cardio-Vascular Disease, Presumably Coronary Sclerosis (Sudden Death) (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? (Signed) G. B. Magrath, Med. Exam., M.D., 19 (Address)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop, Winthrop DATE OF BURIAL Dec 26 1924

19 UNDERTAKER W A Treanor ADDRESS E. Boston

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil Engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; If Hooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anoxia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . I do shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths 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 diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Worcester
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Worcester* No. *76 Sunnyside Ave* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Doris Clare Hughes*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence No. *76 Sunnyside* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months *4* days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days *4* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) *Worcester*
(State or country) *Mass*

9 NAME OF FATHER *Wm Hughes*

10 BIRTHPLACE OF FATHER (City) *Liverpool*
(State or country) *Eng*

11 MAIDEN NAME OF MOTHER *Loarini Ford*

12 BIRTHPLACE OF MOTHER (City) *Worcester*
(State or country) *Mass*

13 Informant *William Hughes*
(Address) *76 Sunnyside Ave*

14 Filed *Dec 30 24*
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Jan 23 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Jan 19*, 19*24* to *Jan 23*, 19*24*, that I last saw him alive on *Jan 23*, 19*24*, and that death occurred, on the date stated above, at *7.15 P* m. The CAUSE OF DEATH was as follows:

Bands pneumonia
(duration) _____ yrs. _____ mos. *1* ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? _____
(Signed) *J. J. Mulvaney* M. D.
(Address) *356 Worcester St*
Date *Jan 26 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Worcester Worcester*
(Cemetery) (City or town) DATE OF BURIAL *12/26/24*

19 UNDERTAKER *C. K. ...* ADDRESS *Worcester*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Official position *a.s.s. Health Officer* Date of issue of permit *Dec. 26, 1924* Permit NO. *840*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Example: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town)
County Suffolk State _____ Registered No. _____
City or Town Wintthrop No. Community Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Finn
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 1215 Bradstreet Ave St. _____ Ward Beachmont
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) Name of employer

8 BIRTHPLACE (City) Wintthrop (State or country) Mass.

9 NAME OF FATHER George Finn

10 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

11 MAIDEN NAME OF MOTHER Ethel Kennedy

12 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

13 Informant George Finn (Address) 1215 Bradstreet Ave.

14 Filed Dec 30 1924 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transp. permit was issued H. C. Daniels
7. 13. 9

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. 27 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec. 24th, 1924, to Dec. 27, 1924 that I last saw h. er. above Dec. 27, 1924 and that death occurred, on the date stated above, at 11:20 a. m. The CAUSE OF DEATH was as follows:

Premature separation of placenta
(duration) _____ yrs. mos. 3 ds.
CONTRIBUTORY Still born
(duration) _____ yrs. mos. _____ ds.

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____

Was there an autopsy? _____
What test confirmed diagnosis? Physical Examination
(Signed) Michael H. Mely M.D.
(Address) 54 Sturley Ave Roxbury
Date Dec. 25 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Michaels Boston DATE OF BURIAL 12/27/24
(Cemetery) (City or town)

19 UNDERTAKER John H. O'Malley ADDRESS 79 Wintthrop
Official position Health Officer Date of issue of permit 12/26/24 Permit No. 846

R-301
Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (c) Salesman, (d) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer — Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing nearth, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Former (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death. — Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labor pneumonia, Bronchopneumonia ("Pneumonia," unqualified is indefinite); Tuberculosis of lungs, meningitis, peritonitis, etc.; Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenata," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Aborting, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is to be issued and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — Gen. Laws, Chap. 58, Sec. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 58, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
(3) Medical examiners will investigate and certify to all deaths 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.

202. 24, 1924

Litchfield

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Wintthrop No. 16 Madison ave St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catharine Stewart Woods
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 16 Madison ave St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 years 7 months 1 days. How long in U. S., if of foreign birth? _____ years _____ months _____ days (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5a If ~~married~~, ~~widowed~~ or ~~divorced~~
HUSBAND of Frank Woods
(or) WIFE of _____
6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
73

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer _____

8 BIRTHPLACE (City) St. Peter, Cape Breton
(State or country)

9 NAME OF FATHER Archibald Stewart
10 BIRTHPLACE OF FATHER (City) _____
(State or country) Scotland
11 MAIDEN NAME OF MOTHER Ann. Nicholson
12 BIRTHPLACE OF MOTHER (City) _____
(State or country) Scotland

13 Informant Ellen McKenzie
(Address) 107 Culver St. Wintthrop

14 Filed Dec. 30/24
(Month) (Day) (Year)
REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
K. C. Daniels
9. 18

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 26 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1924, to Dec 26, 1924, that I last saw her alive on Dec 26, 1924, and that death occurred, on the date stated above, at 11:45 a.m.
The CAUSE OF DEATH was as follows:
Senility - Arterio sclerosis

(duration) 104 yrs. _____ mos. _____ ds.

CONTRIBUTORY Cerebral Hemorrhage
(SECONDARY) (duration) _____ yrs. _____ mos. the

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
(Signed) Richard M. Gray, M. D.
(Address) 114 Pleasant St.
Date Dec 27 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Wintthrop Wintthrop
(Cemetery) (City or town)
DATE OF BURIAL 12/27/1924

19 UNDERTAKER Chas. R. Beaman ADDRESS Wintthrop

Official position Health Officer Date of issue of permit 12/27/24 Permit NO. 847

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is

very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer* or *Pianist*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc.; of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death)*, 29 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Ashtania," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. _____
City or Town Winthrop No. 891 Shirley St. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Welsh
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 891 Shirley St. St. 3 Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 years _____ months _____ days. — How long in U. S., if of foreign birth? 45 years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced
HUSBAND of Mary W. Welsh
(or) WIFE of _____

6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
61 - 2 7

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor

(b) Name of employer Business for himself

8 BIRTHPLACE (City) Selkirk
(State or country) Scotland

9 NAME OF FATHER James Welsh

10 BIRTHPLACE OF FATHER (City) Selkirk
(State or country) Scotland

11 MAIDEN NAME OF MOTHER Mary W. Wilson

12 BIRTHPLACE OF MOTHER (City) Selkirk
(State or country) Scotland

13 Informant Wife Mary W. Welsh
(Address) 891 Shirley St. Winthrop Mass

14 Filed Dec 30/24
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

B. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 27, 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1924, to Dec 27, 1924, that I last saw h. i alive on Dec 27, 1924, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH was as follows:

ruptured appendix

(duration) _____ yrs. 1 mos. _____ ds.

CONTRIBUTORY General Peritonitis
(SECONDARY)

(duration) _____ yrs. _____ mos. 27 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Uyichae M. Feay, M.D.

(Address) 114 Pleasant St.

Date Dec 29, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Poucharret Cem. Prov R. I
(Cemetery) (City or town)

DATE OF BURIAL

Dec. 30/1924

19 UNDERTAKER

Walter T. White

ADDRESS

Winthrop

Official position Health Officer Date of issue of permit 12/30/24 Permit No. 849

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Plumber, Physician, Composer, Archited, Locomotive engineer, Civil Engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (c) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Cool mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the nearest causing reason (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningues, peritoneum, etc., Cerebrum, Sarcema, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The country history (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.; "Dropsy," "Expansion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without childbirth, convulsions, sole cause of death: Abortion, cellulitis, chidbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Winthrop No. 175 Pleasant St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William W. Jenkins
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 175 Pleasant St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of Rosalie E.
(or) WIFE of

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
56

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Boston
Mass

(State or country)

9 NAME OF FATHER

William W.

10 BIRTHPLACE OF FATHER (City)

Boston
Mass

(State or country)

11 MAIDEN NAME OF MOTHER

Katherine Grey

12 BIRTHPLACE OF MOTHER (City)

London
England

(State or country)

13

Informant
(Address)Mr. W. Jenkins, Jr.
175 Pleasant St.

14

Filed

Dec 30, 24
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 27, 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1923 to Dec. 27, 1924.

that I last saw him alive on Dec. 26, 1924.

and that death occurred, on the date stated above, at 7-A. m.

The CAUSE OF DEATH was as follows:

Carcinoma of Intestines

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY acute dilatation of
(SECONDARY) heart

(duration) _____ yrs. _____ mos. _____ ds.
17 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec-1923.

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Edward J. Frauger, M.D.(Address) 7 Edwin St.Date Dec 27, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holyhood Brookline Dec 29, 1924
(Cemetery) (City or town)

DATE OF BURIAL

19 UNDERTAKER

John F. O'Malley Winthrop

ADDRESS

Official position Health Officer Date of issue of permit 12/29/24 No. 848

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

22-27 1924

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Foreman*, (b) *Automobile factory*.

The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer retired, 6 yrs.* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia."); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Asthma," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, coliculis, childbirth, convulsions, hemorrhage, gastritis, enteritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phibitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given is the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*
. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence; if known; otherwise as description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths 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.

The Commonwealth of Massachusetts

10745

1924,
STANDARD CERTIFICATE OF DEATHBOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State MassachusettsRegistered No. _____
(Place of death)City or Town Boston No. Children's Hosp St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No. _____
(Place of residence)2 FULL NAME Barbara Brennan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Winthrop City or Town Mass No. 40 Adams St. _____
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 AGE Years Months Days If LESS than
1 day, hrs.
or min.
3 3 8

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) Winthrop
(State or country) MassPARENTS
9 NAME OF FATHER James
10 BIRTHPLACE OF FATHER (city or town) Waterbury
(State or country) Ct
11 MAIDEN NAME OF MOTHER Mary T Bigelow
12 BIRTHPLACE OF MOTHER (city or town) Fitchburg
(State or country) Mass13 Informant J F Brennan
(Address) 40 Adams St14 Filed Dec 31, 1924 EWM Glemen
Registrar of city or town where death occurred
Filed Jan 1, 1924
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 29, 1924
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
Dec 23 24 Dec 29
....., 19....., to , 1924.....
that I last saw her alive on Dec 28, 1924.....
and that death occurred, on the date stated above, at 5 a m.
The CAUSE OF DEATH was as follows:Broncho Pneumonia(duration) yrs. mos. ds. 5CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F T Wyman, M.D.
, 19 (Address) 483 Beacon St Boston18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross, Malden DATE OF BURIAL Dec 31 192419 UNDERTAKER J F O'Maley ADDRESS Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, what fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsion, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it in the selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.







