## BOSTONIA SCONDITA DE SOS DE SO

## HEALTH DEPARTMENT-REGISTRY DIVISION, CITY OF BOSTON

COUNTY OF SUFFOLK, COMMONWEALTH OF MASSACHUSETTS, UNITED STATES OF AMERICA

## CERTIFIED COPY OF RECORD OF DEATH IN OFFICE OF THE CITY REGISTRAR

I, the undersigned, hereby certify that I hold the office of......City Registrar of the City of Boston and I certify the following facts appear on the records of Births, Marriages and Deaths kept in said City as required by law.

| AND (SINGLE,  | ND (SINGLE, MARRIED, |                   | Supposed Age Years   Months   Days |          |                | Name and Surname of Husband or Maiden<br>Name of Wife of Deceased |                          |               | Residence<br>(street and number) |  |
|---|----------------------|-------------------|------------------------------------|----------|----------------|---|--------------------------|---------------|----------------------------------|--|
| M Wido  | Widowed              |                   | 10                                 | 8        | l <sub>e</sub> | Helena Fogarty 2.El   | la Fox                   | 31 Legion     | Parkway                          |  |
| W   |                      |                   |                                    |          |                | 1970/1970/1970/1970/  |                          | Whitman M     | &35 e                            |  |
| Occupation Place  |                      | OF DEATH PLACE OF |                                    | of Birth |                | D BIRTHPLACE  | es of Parents<br>mother) |               |                                  |  |
| s Station Vet. Ad   |                      | Admin             | dmin Brookfie                      |          | ield           | Thomas Conlon   | Ireland                  |               |                                  |  |
| ttendant  | ndant Hospital       |                   |                                    | Mass.    |                | Catherine Connolly Ire  |                          | eland         |                                  |  |
| DISEASE OR CAUSE OF DEATH (PRIMARY OR SECONDARY)  |                      |                   |                                    |          |                | PLACE OF BURIAL (NAME OF CEMETERY)  DATE OF REC                   |                          | of Record     |                                  |  |
| ongestive failure. Arteriosclerotic eart dis. with severe insufficiency of both                                 |                      |                   |                                    |          | oth S          | to James Cem,   | James Cem, Nov 19/58     |               |                                  |  |
| oronary arter   |                      |                   |                                    |          |                | rior Whitman Mass   |                          |               |                                  |  |
| septal myocard  | ial infar            | etion             | 767A                               |          |                | 8/6/20/6/20/20/20/20/20/20/20/20/20/20/20/20/20/                  |                          |               | 1                                |  |
| I further certify that ities and towns are in the   |                      |                   |                                    |          |                | WITNESS my hand and the SI  | EAL of the C             | ITY REGISTRAR | Pop MASS                         |  |
| Annexe  |                      | ioy itegisorai    |                                    | EXED     |                | on thisDay of   | Nov .                    | A; D; 19      |                                  |  |
| East Boston       163'         South Boston       180'         Roxbury       186'         Dorchester       187' | Brighton West Rox    | <b>}</b>          | 1                                  |          |                | Charles  By Chapter 314 of the Acts of                            |                          |               | City Registr                     |  |

City Registrar shall have the same force and effect as that of the City Registrar."