

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts
 DEPARTMENT OF PUBLIC HEALTH
 REGISTRY OF VITAL RECORDS AND STATISTICS

R167357

The Commonwealth of Massachusetts 331

STANDARD CERTIFICATE OF DEATH Whitman

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
 County Plymouth State Mass (City or town) Registered No. 18 X
 City or Town Whitman No. 9 Elm Place St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elena M. Conlon
 (If U. S. War Veteran, specify WAR)

(a) Residence. No. 9 Elm Place 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 Martin Conlon

6 AGE Years Months Days IF LESS than 1 day,hrs. ormin.
37 - - -

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) Whitman
 (State or country) Mass

9 NAME OF FATHER William Fogarty

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

11 MAIDEN NAME OF MOTHER Hannah Lyons

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

13 Informant Martin Conlon
 (Address) Whitman

14 Filed 4-11-27 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 1, 1927
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1925, 19____, to March 1, 1927, 19____, that I last saw her alive on March 1, 1927, 19____, and that death occurred, on the date stated above, at 12.15 moon m. The CAUSE OF DEATH was as follows: (State fully)
Carcinoma of right breast with metastasis to right pleura and ribs
 (duration) 1 yrs. 7 mos. 47 ds.

CONTRIBUTORY (Secondary) Secondary anemia
 (duration) 6 yrs. 6 mos. 6 ds.

17 Where was disease contracted if not at place of death

Did an operation precede death yes For what

Date of operation Aug. 1925

Was there an autopsy no

What test confirmed diagnosis micro. exam
 (Signed) E. J. Beaulieu, M. D.
 (Address) Whitman, Mass
 Date Mar. 2, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. James-Whitman DATE OF BURIAL 3-3-27
 (Cemetery) (City or town)

19 UNDERTAKER M. F. Hayes, Jr ADDRESS Whitman

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. _____

SEP 26 2014

Antonio C. Sousa

Antonio C. Sousa
 Registrar of Vital Records and Statistics

I, the above signed, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER.

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

