

The Commonwealth of Massachusetts

46

STANDARD CERTIFICATE OF DEATH

Brockton

(City or town.)

1 PLACE OF DEATH

Brockton

(No. 49 Ford

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Margaret Getchell

[If married or divorced woman or widow give maiden name, also name of husband.] Gorham-James E

3 RESIDENCE 49 Ford St Brockton

Registered No. 581

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) Widowed

16 DATE OF DEATH

Aug 5, 1917

(Month) (Day) (Year)

6 DATE OF BIRTH

1865

(Month) (Day) (Year)

7 AGE

52 yrs. 0 mos. 0 ds.

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

17 I HEREBY CERTIFY that I attended deceased from

June 2, 1917, to Aug 5, 1917,

that I last saw her alive on Aug 3, 1917,

and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus 42

8 OCCUPATION

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

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

9 BIRTHPLACE (State or country)

Ireland

Contributory Inanition

(Duration) yrs. mos. ds.

10 NAME OF FATHER

John Gorham

(Signed) James H Drohan, M.D.

11 BIRTHPLACE OF FATHER (State or country)

Ireland

Aug 6, 1917 (Address) 204 Main St

12 MAIDEN NAME OF MOTHER

Mary McDonough

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Son- by D.W.L

(Informant)

(Address)

19 PLACE OF BURIAL OR REMOVAL Calvary, Avon

DATE OF BURIAL

Aug 7, 1917

15

Filed Sept 6, 1917

REGISTRAR

20 UNDERTAKER Daniel W Long

ADDRESS 264 Main St

STANDARD CERTIFICATE OF DEATH.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

causosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less