

UL 24 1928

MASSACHUSETTS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20040

1. PLACE OF DEATH *Caldwell*
 County..... Registration District No. *94*
 Township..... Primary Registration District No. *No. 26*
 City *Breckeridge* (No. St. Ward)
 2. FULL NAME *Elizabeth Arvilla Bombaker*
 (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 *9* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 11 1873*

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, ___ hrs. or ___ min.
84 | 6 | 8

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

9. BIRTHPLACE (CITY OR TOWN) *New York* (STATE OR COUNTRY)

10. NAME OF FATHER *Evert Reyes*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Mass* (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Jane Ames*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Mass* (STATE OR COUNTRY)

14. INFORMANT *Mrs Joe Snyder* (Address) *Breckeridge Mo*

15. FILED *6-20-28* *E A Thompson* REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 19 1928*

17. I HEREBY CERTIFY, that I attended deceased from *June 19 1928*, to *June 19 1928*, that I last saw him alive on *June 12 1928* and that death occurred, on the date stated above, at *12-15 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Paralysis
1864
1909
82 1/2 85 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) *Fall fracturing hip-pain* (duration) yrs. mos. da. *2*

18. WHERE WAS DISEASE CONTRACTED? *Spent death*
 IF NOT AT PLACE OF DEATH? *Spent death*

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF *1928*

20. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Physical finding*
 (Signed) *E A Thompson, M.D.*
6-20-28 (Address) *Breckeridge Mo*

*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 *Rose Hill Cemetery* DATE OF BURIAL *June 25 1928*

20. UNDERTAKER *Amelia Breckeridge* ADDRESS

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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.

