

MASSACHUSETTS STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6486
Registrar's No. 17

Registration District No. 289

Primary Registration District No. 4873

1. PLACE OF DEATH:

(a) County Dorchester
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 210 Brewster St 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days Season of year

3. (a) PRINT FULL NAME Malden Robert Fossille

3. (b) If veteran, name war World War 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Babba Fossille 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 4 1892
(Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Bernie - Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Traveller

11. Industry or business Small Loan

12. Name Aloys T. Fossille

13. Birthplace Bernie Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Boyd

15. Birthplace Stoddard Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Babba Fossille

(b) Address 210 Brewster St, Malden Mo.

17. (a) Burial (b) Date thereof 2-5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernie Mo.

18. (a) Signature of funeral director M. L. Gray

(b) Address Malden, Mo.

19. (a) 2-4-1940 (b) L. B. Mitchell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dorchester
(c) City or town Malden
(If outside city or town limits, write "RURAL")
(d) Street No. 210 Brewster St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 2 day _____
year 1940 hour 9:50 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 29-1940
_____ 19 _____ to Feb 2 19 40
that I last saw him alive on Feb 2 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Lobar Pneumonia Today

Due to Flu 12 day

Other conditions (Include pregnancy within 8 months of death) 11/11

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) Means of injury _____

28. Signature A. T. Grace (M. D. or other) _____
Address Bernie Mo Date signed 2/4/40

Duration
Physician
Underline the cause to which death should be charged statistically

MARGIN RESERVED FOR BINDING

V. S. C. 2.
50M-5-17-39
Rev. 5-17-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

Board of Health Officer No. 2

District File Number 340-723

Date Filed 3/11/40

SEP 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~_____~~

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed W. H. Prang

Licensed Embalmer No. 2850

P. O. Address Malden, Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.