

THE STATE OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

State File No.

22907

Registrar's No.

236

Registration District No. 3008

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Cathartes
(b) City or town Worcester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital # 12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-7-45
(Specify whether years, months or days) same 1-7-45

2. USUAL RESIDENCE OF DECEASED:

(a) State MA (b) County Randolph
(c) City or town Worcester
(If outside city or town limits, write "RURAL")
(d) Street No. 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ella Williams

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

4. Sex Female 5. Color or race W 6. (g) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 2-1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace MA (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Wm H. Colby

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

14. Maiden name unmarried

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

16. (a) Informant Richard
(b) Address _____

17. (a) burial (b) Date thereof July 6-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worcester, MA

18. (a) Signature of funeral director William F. Fox
(b) Address Worcester, MA

19. (a) July 5-1946 (b) Joan M. Norcross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1946 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from 1-7- 1945 to 7-4- 1946
that I last saw her alive on 7-4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death chronic
myocardial infarction
with
atherosclerosis
of the coronary arteries
Duration _____

Due to _____
Due to _____

Other conditions multiple diabetes ulcers, with
(Include pregnancy within 3 months of death)
splenic infarction

Major findings: _____
Of operations _____

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) _____
(e) Means of injury _____

Signature R. E. Sheppard (M. D. or other) _____
Address Worcester, MA Date signed 7/5/46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

14
1
2

2105

RECEIVED
District Health Officer No. 9
District File Number 8-46-59
Date Filed 8-9-46

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank B. D. Wilt
Licensed Embalmer No. 3021
P. O. Address Moberly, Mo

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, fact should be so stated above.