

COMMONWEALTH OF MASSACHUSETTS
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
Registered No. 13

1 PLACE OF DEATH

County Middlebury
Vet. Post _____
Inc. Town South City
City _____

Registration District No. 1087
Primary Registration District No. 2735

(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Susan Kirtley

(a) Residence. No. _____ St., _____ Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE White 5 Single _____ Married _____ Widowed widow or Divorced _____ (Write the word)

5a If married, widowed, or divorced HUSBAND of John W. Kirtley (or) WIFE of _____

6 DATE OF BIRTH 4 29 1849
(Month) (Day) (Year)

7 AGE 80 yrs. 9 mos. 13 ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) Middlebury Vt. (State or country)

PARENTS
10 NAME OF FATHER Daniel Hazzett
11 BIRTHPLACE OF FATHER (city or town) (State or country) Vt.
12 MAIDEN NAME OF MOTHER Selig Whitmer
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Vt.

14 (Informant) A. J. Perkins
(Address) 27 Water St.

15 Filed 7/12 1928 W. H. Blawie Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2-12-1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2-4-1928, 1928, to 2-12-1928, 1928 that I last saw her alive on 2-12-1928, 1928 and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows:
Renal Failure

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. 8 ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) F. J. [Signature] M. D. 2-12-1928 (Address) Portland Vt.

*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. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Stony Brook DATE OF BURIAL 2-13-1928

20 UNDERTAKER Geo Tucker ADDRESS Brewster

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated in full. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MADE REPRODUCED FOR RECORD