

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. 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.

Form V. S. 1-A—75m—3-30-33

COMMONWEALTH OF MASSACHUSETTS

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19730

File No. _____

1. PLACE OF DEATH

County Windsor
Vet. Pot. Graham
Inc. Town _____Registration District No. 1093
Primary Registration District No. 6846

Registered No. _____

City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME W. P. Masely(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed or divorced (write the word) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH 1897 Dec 2
7. AGE Years 75 Months 8 Days 14 If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE Ty.13. NAME John Masely14. BIRTHPLACE Ty.15. MAIDEN NAME Sally Crittenden16. BIRTHPLACE Ty.17. INFORMANT Frankie H. Masely
(Address) Graham Ty.18. BURIAL, CREMATION, OR REMOVAL
Place Unity B. C. Date 8-17-3319. UNDERTAKER M. B. McDonald & Co
(Address) Greenfield Ty.20. FILED Aug 17, 1933 C. B. Wickliffe
By M. Wells, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 16, 193322. I HEREBY CERTIFY that I attended deceased from 8/11, 1933 to 8/16, 1933
I last saw him alive on 8/14/33, 1933. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:ArteriosclerosisContributory causes of importance not related to principal cause:
Myocardial degenerationName of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) T. J. Edger, M. D.
(Address) Graham Ty.