

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

17699

File No. ....

Registered No. 51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**1 PLACE OF DEATH**  
County Sunderbury  
Vot. Pct. ....  
Inc. Town Central City  
City (No. .... St., .... Ward)

Registration District No. 1087Primary Registration District No. 2435**2 FULL NAME**Emily Taylor**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Female **4 COLOR OR RACE** White **5 Single Married Widowed or Divorced** Widowed  
(Write the word)  
**6 DATE OF BIRTH** 8 April 1849  
(Month) (Day) (Year)  
**7 AGE** 76 yrs. - mos. - ds. **IF LESS than 1 day** - hrs. or - min?  
**8 OCCUPATION**  
(a) Trade, profession or particular kind of work. None  
(b) General nature of industry, business or establishment in which employed (or employer) None

**9 BIRTHPLACE**  
(State or country)North Carolina**10 NAME OF FATHER**Unknown**11 BIRTHPLACE OF FATHER**  
(State or country)North Carolina**12 MAIDEN NAME OF MOTHER**Edna Jenkins**13 BIRTHPLACE OF MOTHER**  
(State or country)North Carolina**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant)

Miss Joe Bard

(Address)

Central City N.Y.**15**Filed 8/1

1925 -

A. J. Bluff  
Registrar**MEDICAL CERTIFICATE OF DEATH****16 DATE OF DEATH**July 10<sup>th</sup>, 1925  
(Month) (Day) (Year)**17 I HEREBY CERTIFY** That I attended deceased from Nov. 2, 1922, to July 10, 1925.that I last saw him alive on July 5, 1925, and that death occurred on the date stated above at 4:30 P.M.

The CAUSE OF DEATH\* was as follows:

Chronic Parenchymatous Nephritis(Duration) 3 yrs. .... mos. .... ds.Contributory Senility  
(Secondary)(Duration) 10 yrs. .... mos. .... ds.(Signed) W. J. Hall M. D.  
July 10, 1925 (Address Central City N.Y.)

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

**18 LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents)

at place of death ..... yrs. .... mos. .... ds. in the State ..... yrs. .... mos. .... ds.

Where was disease contracted,

if not at place of death? .....

Former or

usual residence .....

**19 PLACE OF BURIAL OR REMOVAL****DATE OF BURIAL**Swainport Cemetery 7/11, 1925**20 UNDERTAKER****ADDRESS**E. J. Anderson Central City

NAME RECORDED FOR INDEXING

WRITE PLAINLY WITH UNFADING 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.