

The Commonwealth of Massachusetts

288

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Taunton, Mass. (No. 1, Whittenton St.; Ward)

Taunton
(City or town.)

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

2 FULL NAME
Trefflé Ephraim Soucy

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE 1 Whittenton St. Taunton, Mass Registered No. 708

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX m 5 COLOR OR RACE W 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED married (Write the word)

10 DATE OF DEATH Oct. 24, 1916
(Month) (Day) (Year)

8 DATE OF BIRTH Nov. 25, 1888
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct. 20, 1916 to Oct. 24, 1916 that I last saw him alive on Oct. 24, 1916 and that death occurred, on the date stated above, at 8:40m

7 AGE 27 yrs. 11 mos. --- ds. If LESS than 1 day, --- hrs. or --- min. ?

The CAUSE OF DEATH* was as follows: P.M. Broncho-pneumonia 91

9 OCCUPATION (a) Trade, profession, or particular kind of work Druggist (b) General nature of industry, business, or establishment in which employed (or employer) -----

(Duration) --- yrs. --- mos. --- ds.

9 BIRTHPLACE (State or country) Warren, R.I.

Contributory (SECONDARY) (Duration) --- yrs. --- mos. --- ds.

10 NAME OF FATHER Paul Soucy

(Signed) F.X. Beaulieu M.D. Oct. 25, 1916 (Address) Taunton, Mass

11 BIRTHPLACE OF FATHER (State or country) Sorel, P.Q.

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

12 MAIDEN NAME OF MOTHER Malvina Leblanc

13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death --- yrs. --- mos. --- ds. In the State --- yrs. --- mos. --- ds.

13 BIRTHPLACE OF MOTHER (State or country) St. Gabriel, P.Q.

Where was disease contracted, if not at place of death? Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

15 PLACE OF BURIAL OR REMOVAL Taunton, Mass. St. Joseph Cem. DATE OF BURIAL Oct. 27, 1916

(Informant) Louis P. Soucy (Address) 354 Washington St.

16 UNDERTAKER A.J. Riendeau ADDRESS Taunton, Mass

15 Filed Oct. 26, 1916 REGISTRAR

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.