

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH  
County Bristol State Mass. Registered No. 62  
City or Town New Bedford No. 151 Tinkham St. 1 Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eileen E. Soucy  
(If in the Army or Navy of the United States, give rank, organization, etc.)  
(a) Residence. No. 151 Tinkham St. 1 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 2 years - months - days. How long in U. S., if of foreign birth? years months days  
(If non-resident give city or town and State)

| PERSONAL AND STATISTICAL PARTICULARS  |  |
|---|--|
| 3 SEX<br><u>F</u>   | 4 COLOR OR RACE<br><u>W</u>  |
| 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u>   |  |
| 5a If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of   |  |
| 6 DATE OF BIRTH <u>June 8, 1913</u><br>(Month) (Day) (Year)   |  |
| 7 AGE <u>6</u> Years <u>7</u> Months <u>5</u> Days<br>If LESS than 1 day, ..... hrs. or ..... min.<br>If STILLBORN, enter that fact here<br>If STILLBORN, state period of uterogestation ..... mos. |  |
| 8 OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work<br>(b) General nature of industry, business, or establishment in which employed (or employer)<br>(c) Name of employer |  |
| 9 BIRTHPLACE (City) <u>Taunton, Mass.</u><br>(State or country)   |  |
| PARENTS   | 10 NAME OF FATHER <u>Treffle</u>   |
|   | 11 BIRTHPLACE OF FATHER (City) <u>Warren, R. I.</u><br>(State or country)            |
|   | 12 MAIDEN NAME OF MOTHER <u>Ella Allaire</u>   |
|   | 13 BIRTHPLACE OF MOTHER (City) <u>No. Grosvenordale, Conn.</u><br>(State or country) |

| MEDICAL CERTIFICATE OF DEATH   |  |
|--|--|
| 16 DATE OF DEATH <u>January 13, 1920</u><br>(Month) (Day) (Year)   |  |
| 17 I HEREBY CERTIFY, That I attended deceased from <u>Dec. 27, 1919</u> , to <u>Jan. 13, 1920</u> , that I last saw her alive on <u>Jan. 13, 1920</u> , and that death occurred, on the date stated above, at <u>6:30 P.M.</u> . The CAUSE OF DEATH was as follows:<br><u>Pleurisy</u> <u>93</u><br>(duration) = yrs. = mos. <u>21</u> ds. |  |
| CONTRIBUTORY (SECONDARY) (duration) ..... yrs. .... mos. .... ds.  |  |
| 18 Where was disease contracted if not at place of death? <u>Home</u>  |  |
| Did an operation precede death? <u>No</u> Date of .....  |  |
| Was there an autopsy? <u>No</u>  |  |
| What test confirmed diagnosis? <u>None</u>   |  |
| (Signed) <u>J. V. Thuot</u> , M.D.<br>(Address) <u>New Bedford</u><br>Date <u>Jan. 14, 1920</u><br>(Month) (Day) (Year)  |  |

14 Informant Ella Soucy  
(Address) 151 Tinkham St.  
15 Filed Jan. 14, 1920  
(Month) (Day) (Year) [Signature] REGISTRAR

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's Cem. Taunton DATE OF BURIAL Jan. 15, 1920  
(Cemetery) (City or town) 19  
20 UNDERTAKER Aldege Chausse ADDRESS New Bedford

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. G. Kirschbaum Official position St. Bd. of Health Date of issue of permit 1/14/20 Permit No. -

FORM R-301

Approved by U. S. Census and American Public Health Association!

THIS IS A PRELIMINARY RECORD. Every item of information should state CAUSE OF DEATH 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 and extracts from the laws on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *Physician*, *Commissioner*, *Architect*.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his

RETURN OF CERTIFICATES OF DEATH

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

150,000.