

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH

REGISTRY OF VITAL RECORDS AND STATISTICS

R 528671

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

33

STATE USE ONLY

15628

DECEDENT - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (Mo., Day, Yr.)
1. Alex Leith 2. Male 3. Jan. 25, 1981

PLACE OF DEATH (CITY OR TOWN) COUNTY OF DEATH HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) D.O.A. (Yes or No)
4a. Peabody 229 4b. Essex 4c. J. B. Thomas Hospital 2171 4d. No

RACE - (e.g., White, Black, American Indian, etc.) (Specify) AGE - Last Birthday (Yrs) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) STATE OF BIRTH (If not in U.S.A., name country)
5. White / 6a. 68 6b. MOS. : DAYS 6c. HOURS, MINS. 7. Oct. 24, 1912 8. New York 33

MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED SURVIVING SPOUSE (If wife, give maiden name) USUAL OCCUPATION (Prior - If other) KIND OF BUSINESS OR INDUSTRY
9. Married 10. Olive Sutton 11a. Writer 11b. Free Lance

SOCIAL SECURITY NUMBER IF U.S. WAR VETERAN, SPECIFY WAR RESIDENCE - STREET AND NUMBER, CITY OR TOWN, COUNTY, STATE, ZIP CODE
12. 081-10-5048 13. 14. 5 Linden St., Salem, Ma. 01970

FATHER - FULL NAME STATE OF BIRTH (If not in U.S.A., name country) MOTHER - NAME (GIVEN MAIDEN) STATE OF BIRTH (If not in U.S.A., name country)
15a. Isidore Goldman 15b. Europe 16a. Fanny Kantrovitz 16b. Europe

INFORMANT - NAME AND ADDRESS RELATIONSHIP
17a. Mrs. Olive Leith 5 Linden St., Salem, Ma. 17b. wife

TYPE OF DISPOSITION (Specify Burial, Cremation, Other) DATE OF DISPOSITION PLACE OF DISPOSITION LOCATION CITY OR TOWN STATE
18a. Burial 18b. Univ. Hosp. Chap. 113 18c. Pine Hill Cem. 18d. Tewksbury, Ma.

FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH NAME OF FACILITY ADDRESS OF FACILITY
19a. Francis L. Conway 19b. F. L. Conway & Sons 19c. 12 Chestnut St., Pea.

IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (PRINT OR TYPE LEGIBLY) Interval between onset and death
PART I (a) Cardiac arrythmia

DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death
(b) Arteriosclerotic cardiovascular dis.

DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)

CONGESTIVE HEART FIALURE AUTOPSY (Yes or No) WAS CASE REFERRED TO MED. EXAM. (Yes or No)
PART II 21. No 22. Yes

ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED
23. 24a. 24b. M 24c.

INJURY AT WORK (Specify Yes or No) PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) LOCATION STREET CITY OR TOWN STATE
24d. no 24e. 24f.

To be Completed by CERTIFYING PHYSICIAN Only 25a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
(Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH
25b. 25c. M

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) To be Completed by MEDICAL EXAMINER Only
25d. 26a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.
Signature and Title John C. Clapp MD
DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH
26b. Jan. 25, 1981 26c. 555 A. M
PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)
26d. ON Jan. 25, 1981 26e. AT 555 A. M

NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)
27. John C. Clapp MD 75 Lindall St., Danvers, Ma.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Jan. 26, 1981 RECEIVED AND FILED THE CITY OR TOWN OF Peabody 1/26/81
John J. Barry III, Chairman (SIGNATURE - TITLE) (DATE ISSUED) (CLERK'S SIGNATURE) (DATE RECEIVED)

MAY 9 2018

Karin A. Barrett

Karin A. Barrett
Registrar of Vital Records and Statistics

I, the above signed, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

