

The Commonwealth of Massachusetts

Cambridge 350

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH
Cambridge(No. 330 Mt. Auburn
Cambridge Hospital St.; Ward)

(City or town.)

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

FULL NAME

Frank Gardner

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

RESIDENCE

Concord, New Hampshire

Registered No.

1059

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

DATE OF DEATH August 1st, 1914. (Month) (Day) (Year)

DATE OF BIRTH (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from July 31, 1914, to Aug. 1, 1914.

AGE 55 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min.?

that I last saw him alive on July 31, 1914, and that death occurred, on the date stated above, at A m.

OCCUPATION (a) Trade, profession, or particular kind of work Trav. Salesman (b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH* was as follows:

Aneurism of Aorta

BIRTHPLACE (State or country) Cambridge, Mass.

(Duration) yrs. mos. ds.

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

PARENTS NAME OF FATHER Unknown

(Signed) N. V. Shannon, M.D. Aug. 1, 1914. (Address) Cambridge

BIRTHPLACE OF FATHER (State or country) Unknown

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

MAIDEN NAME OF MOTHER Unknown

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

BIRTHPLACE OF MOTHER (State or country) Unknown

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Overseers of Poor, Cambridge (Address)

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Camb. Cem. Camb. Aug. 3/14, 1914

Filed Aug. 10, 1914 REGISTRAR

UNDERTAKER Edwd. J. Conley, Cambridge ADDRESS

N. B. - 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.