

WORCESTER

(County)

WORCESTER

(City or Town)

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(City or town making return)

STANDARD  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

No. Belmont Hospital

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

NAME Jesse C Burkett

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

29 Irving St.,

(a) Residence No.  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence ..... years ..... months ..... days.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27, 1953  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from  
May 24, 1953 to May 27, 1953

at which he was alive on May 27, 1953, death is said to

have occurred on the date stated above, at 7:05A m.

DISEASE OR CONDITION

DISEASE LEADING TO DEATH (a) Uremia

DISEASE Due To arteriosclerotic  
LEADING TO DEATH (b) heart diseaseINTERVAL BE-  
TWEEN ONSET  
AND DEATH

days

4-20  
yrsDISEASE Due To  
LEADING TO DEATH (c)

SIGNATURE OF PHYSICIAN

Signature of physician

Was autopsy performed?

For what confirmed diagnosis?

Was disease or injury in any way related to occupation of deceased? -

Signature of physician Joseph deMarco Jr, M. D.  
Address Worcester, Mass. Date 5-27, 1953Place of Burial or Cremation St. John's Worcester  
(City or Town)

DATE OF BURIAL May 29, 1953

NAME OF FUNERAL DIRECTOR Callahan Brothers by  
FUNERAL DIRECTOR Chas M Callahan Jr.,

ADDRESS Worcester, Mass.

Signed and filed June 2, 1953

I HEREBY CERTIFY:

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the  
MARRIED Widowed  
WIDOWED or DIVORCED10a If married, widowed, or divorced Ellen G McGraw  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years ..... Months ..... Days If under 24 hours  
Hours ..... Min13 Usual Occupation: Ret. Baseball player, coach  
(Kind of work done during most of working life)14 Industry  
or Business:

15 Social Security No.:

16 BIRTHPLACE (City) Wheeling 30  
(State or country) West Virginia

17 NAME OF FATHER Granville Burkett

18 BIRTHPLACE OF FATHER (City) Wheeling  
(State or country) West Virginia 30

19 MAIDEN NAME OF MOTHER Eleanor (Unknown)

20 BIRTHPLACE OF MOTHER (City) Wheeling  
(State or country) West Virginia 3021 Informant Ann H Burkett daughter  
(Address) Worcester, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
filed with me BEFORE the burial or transit permit was issued:

Alexander Witkow, M. D.

(Signature of Agent of Board of Health or other)

Comm.

5-28-53

(Official Designation)

(Date of Issue of Permit)