COPY OF CERTIFICATE OF DEATH
State of Rhode Island

1. NAME OF DECEASED (Type or print): First: John; Middle: Leckie; Last: Cattanach

2. DATE OF DEATH: Month: November; Day: 10; Year: 1926

3. PLACE OF DEATH
a. COUNTY: --

4. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission)
a. STATE: --
4b. COUNTY: --

3b. CITY, TOWN OR LOCATION: Providence

3c. LENGTH OF STAY IN 3b.: --

4c. CITY, TOWN, OR LOCATION: --

3d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 217 Fountain St.

4d. STREET ADDRESS: 217 Fountain St.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: May 10, 1963

9. AGE (In years last birthday): 63

IF UNDER 1 YEAR: Month: 6; Days: -; IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemist

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Providence, R.I.

12. CITIZEN OF WHAT COUNTRY?: --

13a. FATHER'S NAME: Donald D. Cattanach

13b. FATHER'S BIRTHPLACE: Scotland

14a. MOTHER'S MAIDEN NAME: Agnes A. Leckie

14b. MOTHER'S BIRTHPLACE: Conn.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?* (Yes, no, or unknown): --
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: --

17. INFORMANT: Mary A. Cattanach
Address: --

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Carcinoma Stomach & Liver Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH: 1 year

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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Contributory myocarditis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m.; Month; Day; Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION; COUNTY; STATE

21. I attended the deceased from -- to -- and last saw her alive on --
Death occurred at 6 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edw. F. Burke
(Degree or title): Physician

22b. ADDRESS: --

22c. DATE SIGNED: --

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: --

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cem., Pawt.

23d. LOCATION (City, town, or county): Pawt.
(State): --

24. FUNERAL DIRECTOR; ADDRESS; LICENSE NUMBER: D. W. Bellows & Son-D. R. Bellows --

25. DATE REC'D. BY LOCAL REG.: Nov. 12, 1926

26. REGISTRAR'S SIGNATURE: Charles V. Chapin

I hereby certify that the foregoing is a true copy.

PLACE WHERE INFORMATION IS FILED: State Office, Providence, RHODE ISLAND

FILING DATE: Nov. 12, 1926

THIS COPY ISSUED: 21 February 1973

SIGNATURE OF REGISTRAR: Lena O'Hara

VS - 8 10M 5-64

*SEE OTHER SIDE

THIS COPY NOT VALID WITHOUT THE OFFICIAL SEAL OF THE ISSUING OFFICE

Certif. # 81