

Werkshire  
(County)

Pittsfield  
(City or Town)



The Commonwealth of Massachusetts  
KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

Register's No. 079

D. O. A. St. Luke's Hospital

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

Edward J. Connolly, Sr.,

(First Name) (Middle Name) (Last Name)  
(If deceased is a married, widowed or divorced woman, give also maiden name)

PLACED IN CARE OF  
I was married a  
U. S. War Veteran  
of Service No. 1.0.2.

127 Stoddard Avenue  
St. (If non-resident, give city or town and state)

In place of death years months days In place of residence years months days

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

November 12, 1963

(Month) (Day) (Year)

I HEREBY CERTIFY that I have investigated the death of above-named and that the CAUSE AND MANNER thereof are: (If an injury was involved, state fully.)

Coronary Occlusion 420.1  
Sudden Death 420.1

suicide, or homicide (specify)

hour of injury 19

IDENTICAL, was injury causally related to the death?

(City or town and State)

occur in or about home, on farm, in industrial place, or in other place?  
(Specify type of place)

(How did injury occur?)

work? Yes Was autopsy performed? No  
cause or injury in any way related to occupation of deceased? No

Antonio P. Desautels, M. D.  
Pittsfield, Mass. 11-13-63  
Date

St. Joseph's cemetery, Pittsfield, Massachusetts  
Burial, or Cremation  
OF BURIAL November, 15, 1963

HEALTH DIRECTOR Joseph W. Condron  
Pittsfield, Massachusetts

and filed  
M. J. Lopez, City Clerk  
COPY ATTEST: (Registrar)

9 SEX Male 10 COLOR White 11 SINGLE MARRIED WIDOWED DIVORCED UNKNOWN Married

12 If married, widowed, or divorced HUSBAND of Dorothea Martin (or) WIFE of (Give maiden name of wife in full)

13 DATE OF BIRTH July 16, 1908

14 AGE 55 Years 3 Months 26 Days

15 Usual Occupation Dept. of Natural Resources State of Massachusetts

16 Industry or Business

17 Social Security No. 114-07-4721

18 BIRTHPLACE (City) Brooklyn (State or country) New York

19 NAME OF FATHER Hugh Connolly

20 BIRTHPLACE OF FATHER (City) Buffalo, N. Y. (State or country)

21 MAIDEN NAME OF MOTHER Ellen Reagan

22 BIRTHPLACE OF MOTHER (City) Pittsburgh (State or country) Pennsylvania

23 Informant Mrs. Edward J. Connolly, Sr. (Address) Pittsfield, Massachusetts

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Anne M. McLaughlin  
(Signature of Agent of Board of Health or other Clerk Nov. 14, 1963  
(Official Designation) (Date of Issue of Permit)