

FOLK  
STON  
(County)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

BOSTON 269

(City or Town)

New England Ctr. Hospt.

(City or town making return)

Registered No. 7958

STANDARD  
CERTIFICATE OF DEATH

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

Henry F Danner

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

163 Cedar St

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

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

No. (place of abode)

In place of death... years... months... 1 days. In place of residence... years... months... days.

MEDICAL CERTIFICATE OF DEATH

Sept. 21/49

(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 21 19 49

im alive on Sept/20 19 49 death is said to

on the date stated above, at 5:55A m.

INTERVAL BETWEEN ONSET AND DEATH 4-5 HRS

LEADING CAUSE OF DEATH Multiple myeloma

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Margaret MacAlaney (Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Maintenance 33691 (Kind of work done during most of working life)

14 Industry or Business: Milton Academy

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Dedham Mass. 30

17 NAME OF FATHER Henry F Danner

18 BIRTHPLACE OF FATHER (City) (State or country) Dedham Mass. 30

19 MAIDEN NAME OF MOTHER Fannie Paterson

20 BIRTHPLACE OF MOTHER (City) (State or country) Roxbury Mass. 30

21 Informant (Address) Mrs M Danner

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

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

Do To 202

Do To

Do To

Was autopsy performed Yes

Confirmed diagnosis?

Was injury in any way related to occupation of deceased?

F Menendez Date 9-21 19 49

30 Bennet St. Brookdale Cem-Dedham Mass. (City or Town)

SEPTEMBER 23/49 19

S M Pollock Dedham Mass.

Michael J. ... Sept. 26/49 (Registrar)