

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

WORCESTER
(City or Town making this return)

WORCESTER
(County)

WORCESTER
(City or Town)



STANDARD
CERTIFICATE OF DEATH

Registered No. _____

No. Worcester City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Deceased is a married, widowed or divorced woman, give also maiden name.) Joseph Giard } (Was deceased a U. S. War Veteran, if so specify WAR.)

Place of death - 604 Main St. (If nonresident, give city or town and State)

Age of death - 1 years 23 months 23 days. In place of residence 20 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

July 10, 1956
(Month) (Day) (Year)

I CERTIFY, That I attended deceased from July 10, 1956 to July 10, 1956, death is said to have occurred on July 10, 1956, death is said to have occurred at 3:40 p. m.

CAUSE BY: IMMEDIATE CAUSE
of left lung, left pulmonary metastases.

INTERVAL BETWEEN ONSET AND DEATH
103

1. History of illness? No
2. Post-mortem diagnosis? Clinical
3. Cause in any way related to occupation of deceased? No
4. Name of Physician Richard D. Tichnor, M. D.
5. Name of Hospital Worcester City Hosp. Date 7/10/1956
6. Name of Cremation (City or Town) Ware
7. Name of Funeral Home Charbonneau Funeral Home
8. Address of Funeral Home 30 Pleasant St., Ware, Mass.
9. Date of Issue of Certificate July 12, 1956

10. Name of Registrar Robert J. O'Keefe

11. Name of Agent of Board of Health or other (Official Designation) Conn. (Charles I. O'Keefe)

12. Date of Issue of Permit July 12, 1956

13. Name of Agent of Board of Health or other (Official Designation) Conn. (Charles I. O'Keefe)

14. Date of Issue of Permit July 12, 1956

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (Write the word) WIDOWED

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years 0 Months 0 Days If under 24 hours _____ Hours _____ Minutes

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

14 Industry or Business: New York Yankees

15 Social Security No. 034-10-7534

16 BIRTHPLACE (City) Ware (State or country) Mass.

17 NAME OF FATHER Albert Giard

18 BIRTHPLACE OF FATHER (City) Canada (State or country)

19 MAIDEN NAME OF MOTHER GURILIA THIBODEAU

20 BIRTHPLACE OF MOTHER (City) Canada (State or country)

21 Informant Mrs. Eva Jaques (Address) Springfield, Mass.

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

Keneth I. E. ... (Signature of Agent of Board of Health or other)

Conn. (Charles I. O'Keefe) (Official Designation) July 12, 1956 (Date of Issue of Permit)