

The Commonwealth of Massachusetts
 KEVIN H. WHITE
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS



Essex
 (County)

Lynn
 (City or Town)

283
 Lynn
 (City or Town making this return)

Registered No. 195

MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

Lynn Hospital

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

Irving D. Hadley

(First Name) (Middle Name) (Last Name)

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

PHYSICIAN - IMPORTANT
 (Was deceased a U. S. War Veteran, if so specify WAR) No

61 Lincoln Cir.

Swampscott, Mass.

(If nonresident, give city or town and State)

Place of death years months days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

February 15, 1963

(Month) (Day) (Year)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male	10 COLOR White	11 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN married
---------------	-------------------	--

12 If married, widowed, or divorced
 HUSBAND of Jessie Gibbs

(Give maiden name of wife in full)

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

13 AGE 58 Years 7 Months 10 Days If under 24 hours Hours Minutes

14 Usual Occupation: Baseball Scout
 (Kind of work done during most of working life)

15 Industry or Business: New York Yankees

16 Social Security No. 015-09-5044

17 BIRTHPLACE (City) Lynn, Mass.
 (State or country)

18 NAME OF FATHER Irving A. Hadley

19 BIRTHPLACE OF FATHER (City) Everett,
 (State or country) Mass.

20 MAIDEN NAME OF MOTHER Effie B. Titus

21 BIRTHPLACE OF MOTHER (City) Nova Scotia
 (State or country)

22 Informant (Address) Mrs. Jessie Hadley
 61 Lincoln Cir. Swampscott

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

John V. Phelan, M.D.

(Signature of Agent of Board of Health or other)

Commissioner--Feb. 17, 1963

(Official Designation) (Date of Issue of Permit)

Recurrent coronary occlusion

4201

or homicide (specify)

of injury 19

FATAL, was injury causally related to the death?

(City or town and State)

in or about home, on farm, in industrial place, or

(Specify type of place)

(How did injury occur?)

Was autopsy performed? No

of injury in any way related to occupation of deceased?

Edmund A. Jannino, M. D.

181 N. Common Street Lynn Date 2/16 1963

Swampscott Cem. Swampscott
 (City or Town)

OF BURIAL Feb. 18, 1963

OF CAL DIRECTOR W. C. Goodrich

128 Washington St., Lynn

and filed Feb. 18, 1963