

The Commonwealth of Massachusetts



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

SPRINGFIELD
(City or Town)

AMPDEN
(County)

SPRINGFIELD
(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. D.O.A. Springfield Hospital St. (If death occurred in a hospital or other institution, give its NAME instead of street name.)

Name of deceased Philippe R. Page
(If deceased was a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U.S. War Veteran? If so specify WAR)

Place of abode 64 Ionia St. (If nonresident, give city or town and state)

Place of death D.O.A. years 52 months 10 days. In place of residence 10 years 4 months 4 days.

GENERAL CERTIFICATE OF DEATH

June 27 1958
(Month) (Day) (Year)

CERTIFY, That I attended deceased from 27 58 to June 27 1958
on June 26 1958, death is said to

have occurred on the date stated above, at 7:20 a.m.
CAUSE BY: IMMEDIATE CAUSE

Occlusion of a
Coronary Artery

Coronary Atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH
5 Min

Deceased? No
Cause of death? —
Disease or injury in any way related to occupation of deceased? NO

Physician Edward P. Kennedy Spfld, M. D.
31 Wilbraham Rd. Date 6-27 1958

Place of Burial Forest Park Cem Spfld Mass
(City or Town)

Final Disposition June 30 1958

Physician Ernest A. Byron
684 State St Spfld Mass

Date July 1 1958
Clifford P. Smith
(Registrar)

TEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE Widowed
(Married, Widowed, Divorced, or Single)

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

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

11 IF STILLBORN, enter that fact here.

12 AGE 52 Years 10 Months 4 Days

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

14 Industry or Business: New York Yankees

15 Social Security No. 034-07-4810

16 BIRTHPLACE (City) Springfield
(State or country) Mass

17 NAME OF FATHER Philippe R. Page

18 BIRTHPLACE OF FATHER (City) Long Island
(State or country) New York

19 MAIDEN NAME OF MOTHER Sophia Nowls

20 BIRTHPLACE OF MOTHER (City) _____
(State or country) England

21 Informant Mrs Doris Page (Wife)
(Address) 64 Ionia St Spfld Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.
John C. Ayres, M. D.

(Signature of Agent of Board of Health or others)
Commissioner of Public Health 6-27-58
(Official Designation) (Date of Issue of Permit)