

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Amesbury

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 81

Essex
(County)Amesbury
(City or Town)

No. Amesbury Hospital

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Leon W. Chagnon
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 15 Green St.
(Usual place of abode)

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

Length of stay: In place of death.....years.....months.1.....days. In place of residence.30.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 30, 1953
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 27, 1953, to July 30, 1953.I last saw him alive on July 30, 1953 death is said to
have occurred on the date stated above, at 7:00 a.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Perforated
Duodenal UlcerINTERVAL BE-
TWEEN ONSET
AND DEATH5 4 11
3 daysANTE DECENT CAUSES
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations none

Date of operation Was autopsy performed? yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify
(Signed) James F. Whitten M. D.
(Address) Amesbury, Mass. Date 7/30 19536 St. Prospect Amesbury, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 2, 1953

7 NAME OF FUNERAL DIRECTOR Dr. Rainard G. Pillsbury
ADDRESS 2 Hillside Ave, Amesbury, Mass.

Received and filed August 3, 1953

TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Doris Randall
(Give maiden name of wife in full)

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

11 IF STILLBORN, enter that fact here.

12 AGE 50 Years 10 Months 2 Days
If under 24 hours Hours Minutes13 Usual Occupation: Annealer 531367
(Kind of work done during most of working life)

14 Industry or Business: General Electric Co.

15 Social Security No. 217-05-9373

16 BIRTHPLACE (City) Pittsfield N.H. 30
(State or country)

17 NAME OF FATHER Louis Chagnon

18 BIRTHPLACE OF FATHER (City) St. Hyacinth, 10-5
(State or country) Quebec.

19 MAIDEN NAME OF MOTHER Mary Jane King

20 BIRTHPLACE OF MOTHER (City) Stanstead, Quebec.
(State or country) 10-521 Informant Doris Chagnon (wife)
(Address) Amesbury, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Ralph T. Frisbee
(Signature of Agent of Board of Health or other)
Agent July 31, 1953
(Official Designation) (Date of Issue of Permit)