

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Worcester State Mass Registered No. 2204
 City or Town Worcester No. Belmont Hospital St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter J Curley
 (If in the Army or Navy of the United States, give rank, organization, etc.)

 (a) Residence. No. --- St. --- Ward. Upton
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred years - months - days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6 DATE OF BIRTH ---1874
 (Month) (Day) (Year)

7 AGE 46 Years - Months - Days
 If STILLBORN, enter that fact here If LESS than 1 day, hrs. or min.
 If STILLBORN, state period of gestation mos. or min.

8 OCCUPATION OF DECEASED Physician
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9 BIRTHPLACE (City) Upton
 (State or country)

10 NAME OF FATHER Walter

11 BIRTHPLACE OF FATHER (City) Ireland
 (State or country)

12 MAIDEN NAME OF MOTHER Mary Sullivan

13 BIRTHPLACE OF MOTHER (City) Ireland
 (State or country)

14 Informant Dr. Geo. F. Curley
 (Address) ---

15 Filed Sep 27 1920 W. Henry Touse
 (Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 23 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1920, to Sept 23, 1920
 that I last saw him alive on im " 23, 1920
 and that death occurred, on the date stated above, at 10.25p m.
 The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis. 28

(duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
 (Signed) May S Holmes M.D.

(Address) Worcester
 Date Sept 24 1920
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's, Milford DATE OF BURIAL Sep 26 19
 (Cemetery) (City or town)

20 UNDERTAKER Geo Sessions Sons Co ADDRESS Worcester

Official position Date of issue of burial or transit permit